

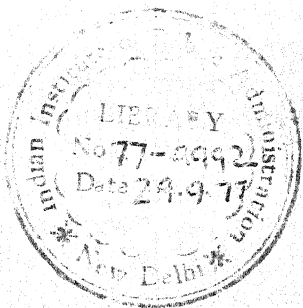
INTEGRATED DELIVERY SYSTEM FOR SOCIAL SERVICES

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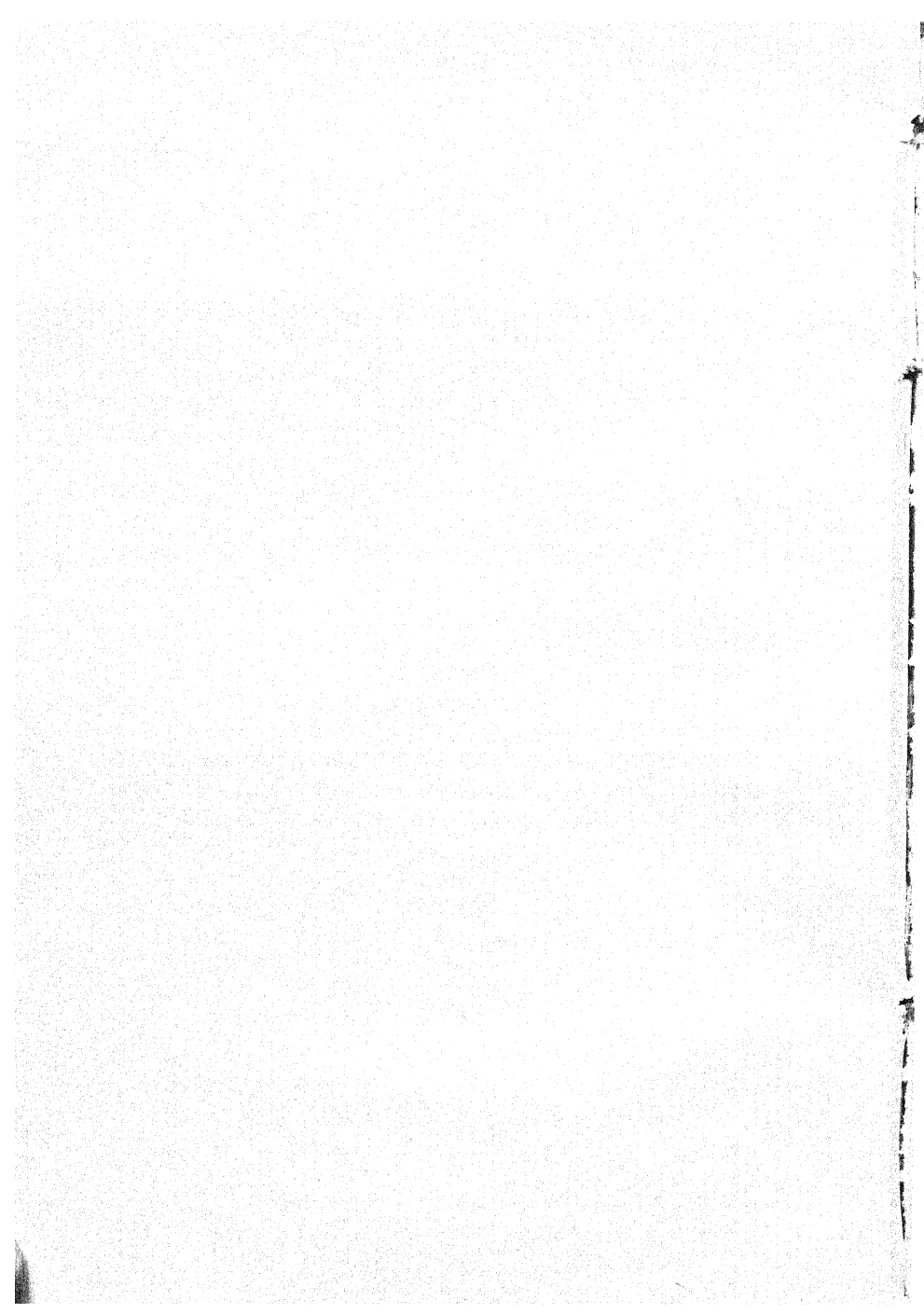
Foreword

Social Services are usually regarded as a 'soft' sector in any planning exercise. Yet, the volume, quality and distribution of these services largely determine the quality of life of a people. In India, successive national plans have laid emphasis on the importance of extending social services to different target groups. Outside the orbit of planning, the local government bodies and voluntary organizations have been the traditional suppliers of social services. Since there are competing demands on plan funds, whatever resources are available need to be properly co-ordinated and put to most efficient and effective use. The present study based on extensive field survey of the state of social services in the Ludhiana Urban Area highlights the critical importance of planned use of meagre resources and integrated organizational efforts to avoid wastage and optimize resource allocation and utilization. Planning and administration of social services have not attracted much academic interest. Because of its direct and practical relevance to local community development, more studies are called for in this area. It is in the interest of wider publicity for the subject that the Institute has brought out this small volume and I hope that it will serve the purpose for which it is intended.

We are grateful to the United Nations Asian Development Institute, Bangkok for assigning this project to us and funding it.

NEW DELHI
MARCH, 1977

R.N. HALDIPUR
Director
INDIAN INSTITUTE OF PUBLIC
ADMINISTRATION



Preface

This is a benchmark study of the present state of social services in Ludhiana urban area. The delivery system for the different services has been examined from the standpoint of their effective operation. At the end, suggestions have been made to improve the system by restructuring the organizations. The study has some topical importance, as the State Government of Punjab is currently seized with the problem of planning and development of Ludhiana urban area.

In this study we used the term "social services" to include, health, nutrition, family planning, education, water supply and environmental sanitation and social welfare. These services cover a wide area of the statutory obligations of the municipal authority. There have been experiments in urban community development to stimulate self help and involve the citizens, particularly of slum areas, in the process of improvement of environment and referral services. But the experiment has not been institutionalized in many cities. Ludhiana is no exception. Two other points need discussion at the State and national level urban development and reorganisation of city government structures. The present law governing the municipalities is often very old dating back to the twenties or thirties of this century. In our view, there is need for a revision if not a re-enactment of statutes governing city municipalities and corporations. We have not gone into a detailed discussion about this aspect because it is a highly controversial political issue. We also suggest that provision should be made in the new statutes for a regional planning and executive authority so as to allow the rural-urban hinterland to get the benefit of institutionalized services with proper resource allocations between rural and urban local authorities. The management of integrated delivery system for social services requires a new look at the local government organization for intertwining the rural-urban complex within a region within adequate institutional and service framework.

Most of the background material has been collected from

the Ludhiana Plans—the Master Plan and the Integrated Development Programme. Many State and local government officers have helped us in getting access to data and information. We are grateful to them for their ready cooperation. Our thanks are particularly due to Mr. N.N. Vohra, Secretary to the Government of Punjab, Housing, Local Government, Town and Country Planning and Urban Development Departments, who greatly facilitated the research work by getting us in touch with the relevant organizations and officers and familiarising us with the urban situation in Ludhiana. For any shortcomings in the study, however, the authors alone are accountable.

To Shri R.N. Sharma, our Deputy Librarian, we are thankful for his help in the preparation of the Index of this volume. The credit for bringing the book out of the press goes to the Publication Section for which our thanks are due to them.

We are thankful to Shri R.N. Haldipur, Director of IIPA, for acceding to our request to write the foreword. We are grateful to the authorities of the Asian Institute of Development, Bangkok, for assigning and funding the project as well as giving permission to publish the report.

NEW DELHI,
21st JANUARY, 1977

V. JAGANNADHAM
M. BHATTACHARYA

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ONE

Introduction

Social services in a developing country are in general a relatively neglected sector, and India is no exception to this. There are other pressing problems such as economic development, maintenance of law and order, defence and the like which are accorded priority in any public investment calculation. The provision of social services largely takes place through the traditional family structure, private charity and the voluntary organisations. Management of social services through the instrumentality of public administration is thus a residual arrangement.

In India the successive five year plans have been allocating funds for social services. But the attention of the plans has naturally been on the productive sectors and very meagre amounts have been earmarked for the social service sector. The allocation has however been increasing over the years. In the Fourth Plan the amount earmarked for social services accounted for slightly more than 13 per cent of the total public sector plan outlay and the corresponding figure in the draft Fifth Plan comes to 15 per cent. Table 1 shows the allocations in the two latest five year plans.

One important feature of the draft Fifth Plan, which is yet to be finalised, is the inclusion of a national programme of minimum needs which seeks to provide for a minimum level of social consumption for different areas and sections of the community. The minimum needs programme includes: (a) the provision of elementary education, (b) minimum uniform availability of public health facilities, (c) supply of drinking water to villages, (d) provision of all-weather roads to the villages, (e) provision of developed home sites to the landless labour in the rural areas, (f) environmental improvement of slums, and (g) electrification of villages. Evidently the planners in India are gradually realising the

Table 1

PUBLIC SECTOR PLAN OUTLAY FOR SOCIAL SERVICES*(In percentage)*

	<i>Fourth Plan (1969-74)</i>	<i>Draft Fifth Plan (1974-79)</i>
1. Housing and real estate	1.5	1.6
2. Urban development	3.2	1.5
3. Water supply*	—	2.8
4. Education	5.1	4.6
5. Family planning	1.9	1.4
6. Nutrition	—	1.1
7. Miscellaneous	2.0	2.0
	<hr/> 13.7	<hr/> 15.0

* This was included in 'urban development' in the Fourth Plan allocation.

importance of the social service sector, although, because of competing demands for public resources, this sector cannot get higher priority in terms of plan investment proposals. Nevertheless, the Indian planners have been conscious of developing social services as far as possible within the constraint of resources and voluntary agencies and local authorities have been exhorted to attach importance to the provision of social services for different sections of the community. The local authorities in rural and urban areas who are supposed to be the main providers of social services have found it difficult to allocate adequate funds to these services under their care. Statutorily the municipal authorities are empowered to undertake social services within their jurisdiction. The majority of municipal authorities in India are, however, in perpetual financial crisis. So, after providing for the essential civic services such as roads, water supply, sewerage, collection and disposal of refuse, etc., hardly any money is left for allocation to the social services. A recent survey conducted by the Centre for Urban Studies of the Indian Institute of Public Administration, New Delhi, has revealed that even major municipal corporations in the country can afford to spend only about 1 per cent of their

total revenue on social services. The quantum of expenditure on social services by voluntary organizations is difficult to estimate in the absence of reliable statistics. A national organization stimulating voluntary effort for providing social welfare services is the Central Social Welfare Board under the Union Ministry of Education and Social Welfare. The Board has been in existence for over two decades. Its primary purpose has been to stimulate voluntary efforts in the field of social welfare services. In 1974-75 the Board spent about four crores or forty million rupees on both plan and non-plan items of social welfare activities either undertaken by the Board itself or encouraged through grants-in-aid to various voluntary organizations. Obviously in a country of continental proportions, whatever the Board can spend on social welfare services is just a drop in the ocean.

To sum up, therefore, social services have been growing at a very slow pace as the public exchequer can spare very little for allocation to the social services sector. Nevertheless, the Plan allocations to the social services sector have been increasing over the years, albeit slowly. In view of the existing plan priorities and the general inability of the public economy to provide for adequate funds for the social services sector, what is needed currently is to use the meagre resources that are available with maximum efficiency. No doubt, it is desirable to have more funds for social services; at the same time, acknowledging the known constraints on resources, whatever funds are available, need to be spent in a planned way so that the yield from them becomes maximum. This raises the problem of designing a proper method of delivery of social services. Once it can be shown that available funds have been properly utilized, the fund givers may then feel encouraged to allocate more funds subsequently. It is generally felt that the delivery system for social services has usually been weak and ill-designed. At a particular point in space many organizations would be found to cater to the social services demand of the area without much of communication amongst the involved organizations themselves. Even within an organization, the different services have been organized in such water-tight compartments that their inter-dependence has not been considered from the internal managerial point of view. Also the financial and other resources, which are always scarce, have not been utilized properly in many instances. The social services would often be found

to be linked to some other services, but the inter-dependence of allied services is hardly realised. In consequence, the supply of social services cannot be properly planned and dovetailed with the supply of cognate services. These shortcomings of the existing system of delivery of social services are not unknown. Many committees and commissions have from time to time drawn attention to the discordant administration and mismanagement of resources, and the need for the installation of an integrated delivery system has often been advocated. In this connection, the following observation in the draft Fifth Plan is worth quoting (p. 107-Vol. I):

“In the Fourth Five Year Plan, the programme of family planning assumed national importance and was accorded the highest priority. But it was soon realised that family planning would be more effective and acceptable, if maternity and child health services were to be integrated with it. Likewise it was felt that the organizational base for the nutrition feeding programme was inadequate and it would have to be integrated with other programmes for deriving maximum benefits. Experience in organizing services under health, nutrition and social welfare sectors on a fragmented basis during the early plan periods showed that it was not an effective method of carrying services to various target groups. Therefore, the integration of social services for rural communities, and particularly children and mothers, has assumed urgency.

“The importance of an adequate organizational support for implementing an integrated programme cannot be over-emphasized. Two essential factors have to be considered in this direction:

- (i) Implementation of an integrated programme may require some modifications of the existing machinery and procedures.
- (ii) Its execution may involve cooperation of several administrative departments and voluntary organizations both at the national and local levels.

Besides, the performance of the various services on a functional basis which cuts across demographic levels is both inevitable and desirable. Therefore, an overall organizational umbrella is necessary to ensure delivery system for services at all levels.”

The present study is an attempt to understand the method of delivery of social services in a rapidly growing urban area in north-western India. It is hoped that after examining in detail the actual state of affairs in the urban area, the faults in the present system of delivery can be identified and steps suggested to improve the method of delivery in order that resources are properly utilized and the potentialities of interacting organizations are fully realised. The urban area that has been chosen for this purpose is the city of Ludhiana in the State of Punjab. In the following chapters we will be discussing the general condition of this growing city including the state of affairs of the social services currently being provided within the urban area through a network of organizations.

It will be wrong to say *a priori* that the present method of delivery is dysfunctional. Organizational evolution usually takes place over a long historical time span and the evolutionary process might not be wholly illogical. The imperatives of a past age would be dictating a certain shape and network of organizations. Generally what happens is that old patterns of functioning which might have been appropriate for an older societal frame are gradually rendered obsolete through a steady process of social change. In other words, organizations are overtaken by the speedy current of social growth. This is particularly true of rapidly growing urban areas where galloping urbanization sets at naught the time-worn organizational outfit of the affected space. Public administration is known to have slow glacial change. So, an urban area in the grip of rapid urbanization often lives with an ancient organizational design unsuited to the needs of a fast changing urban society.

Ludhiana city, which is our field of study, is no exception to this general trend. We hope to unravel the anomalies in the delivery system for social services existent within the urban area. Suggestions will be made later in this report about the kinds of changes that would be needed in the present delivery system to render it much more functional for a growing urban situation. Our conceptual scheme supporting the suggested changes will be spelt out along with discussions on the needed changes.

TWO

Urban Situation in Ludhiana*

Ludhiana is a south-eastern district of Punjab State with the Haryana State on the east, Ferozepur (district) on the west, Jullundur on the north, and Patiala and Sangrur on the south. The district consists mainly of two physical divisions: (i) the *bet*, i.e., the low lying alluvial tract along the Sutlej river, and (ii) the upland called *Dhaia* tract. Ludhiana city has been called the 'Manchester of India'. It is flanked by two important *mandis* of Jagraon and Khanna. The latter is the biggest market of groundnuts, raw cotton, wheat and maize.

The original base of the city is the 'fort', built by the Lodhis in 1481, now in ruins. The Sutlej river was in those days flowing nearby; it later changed its course northward leaving its relic in the form of the present *Budha Nala* which cuts through the old city. After the name of the founding Lodhi Emperors, the city was originally called 'Lodhiana'. In subsequent years the name changed to 'Ludhiana'.¹ The original reason for selecting this site for human settlement was, perhaps, in addition to its strategic location, the proximity to abundant agricultural land of a very high quality which remained a dependable source of food supply to the inhabitants much like the river with its assured supply of water.

The city passed through several political vicissitudes till it came into the British hands in 1835. Its municipality, set up in 1867, is one of the oldest urban local self-governing institutions. During the British regime, Ludhiana town did not grow wholly unplanned. Certain areas were developed in a planned way. The famous Grand Trunk Road was realigned and metalled and an

* The background material for this chapter has been collected from the Ludhiana Master Plan and the Integrated City Development Programme (1974-79) prepared under the auspices of the Government of Punjab.

¹ *District Gazetteer*, Ludhiana.

overbridge constructed over the *Buddha Nallah*. The main railway line from Delhi to Lahore was opened. As the town was well connected with different parts of the country by road and rail, the communication system facilitated its growth. The clock-tower which still represents the symbol of the town was erected in 1904. New developments soon took place along the Grand Trunk Road and near the railway station. The civil lines area in the south-west where the town's gentry lived was developed with proper planning. So, planning was pursued in those days, in a limited way, to cater to the needs of the administrative elite and the gentry.

As the British left and the country was partitioned in 1947, the changed circumstances affected the town's traditional habitation pattern. Masses of uprooted humanity—the refugees from Pakistan—poured into the town for safety and shelter. Through the combined efforts of the Government and the displaced persons, cheap tenements, mud hut colonies and other improvised living places came up. Residential areas cropped up here and there through private efforts also. Government measures were also directed toward encouragement of industrial development by setting up industrial areas. All these new developments after 1947 were not conceived as part of any comprehensive plan for Ludhiana town; nor were these efforts meant to serve all communities irrespective of their socio-economic status. The settlement pattern that emerged immediately after the refugee influx was one of improvisation—a piecemeal and necessarily *ad hoc* approach to an emergent problem. In the process, the town grew spatially as well as demographically. All the evils of unregulated urbanization raised their ugly heads. There were temporary or permanent encroachments on roads; buildings came up on low-lying lands subjected to seasonal flooding. Industry and residential places were mixed up and suburban development took place without public services. Ludhiana thus came to represent an urban area in complete disarray where everything seemed topsyturvy.

POPULATION GROWTH

The city's demographic growth can be ascertained from the figures in Table 1. In the last two census decades, growth has been consistently high. It is estimated that the city is likely to attain a

population of 650,000 to 750,000 in 1981 and more than a million in 1991. Out of 401,124 persons counted in 1971 census, 222,023 were males and 179,101 females. The number of females per 1000 males comes to 807. The number of the literate is 228,958 and illiterate 172,166, *i.e.*, 57 per cent and 43 per cent respectively.

Table 1

INTERCENSAL POPULATION GROWTH, 1911-1971

<i>Year</i>	<i>Population</i>	<i>Percentage Increase</i>
1911	44,170	—
1921	51,880	17.45
1931	68,586	32.20
1941	111,639	62.77
1951	153,795	37.76
1961	244,032	58.67
1971	401,124	64.37

The city is inhabited by all the major communities—Hindus, Muslims, Sikhs and Christians—all living in complete harmony.

In the old city area, the occupancy pattern is much higher, compared to the newly developed areas which are planned and provided with wide roads, sewerage and adequate water supply. Contrarily, the old parts of the city are highly congested with narrow lanes, open drains and terraced latrines.

URBAN FACILITIES

The city is rich in some facilities but poor in others. For instance, technical and professional educational facilities have steadily expanded and in consequence medical, engineering, agricultural research, and industrial and other technical education and training facilities are available to a wide region, well beyond the city limits.

As regards availability of parks and open spaces for recreation, the city has hardly anything to offer. The main entertainment

facilities are provided by the eleven cinema halls—six in the old city area and five in the newly developed localities.

OCCUPATIONAL STRUCTURE AND ECONOMIC STATUS

Ludhiana has been functioning as the main business and trade centre of Punjab. The city is well connected with a prosperous and fast growing agricultural hinterland to which it supplies marketing facilities and the products of its diversified industrial sector.

Table 2

OCCUPATIONAL STRUCTURE (1971 CENSUS)

<i>Sl. No.</i>	<i>Occupation</i>	<i>Number</i>	<i>Percentage of working force</i>	<i>Percentage of total population</i>
1.	Cultivation	879	0.71	0.22
2.	Agricultural labour	1,466	1.19	0.37
3.	Livestock, forestry, fishing, hunting, plantation, orchards and allied activities	451	0.36	0.11
4.	Mining and quarrying	Nil	Nil	Nil
5.	Manufacturing, processing, servicing and repairs:			
	(a) household industry	3,080	2.51	0.77
	(b) other than household industry	53,477	43.62	13.39
6.	Construction	3,801	3.10	0.95
7.	Trade and commerce	25,979	21.18	6.47
8.	Transport, storage and communication	8,797	7.17	2.19
9.	Other services	24,732	20.16	6.11
Total workers (1 to 9)		122,662	100.00	30.58
10.	Non-workers	278,462	—	69.42

In industrial growth, the city had its ups and downs. Initially, the big push came from demands during the Second World War when industries such as hosiery, manufacturing of cycle

parts, sewing machines, etc., flourished with great speed. For a time, the partition of the country created an atmosphere of uncertainty which adversely affected the city's industrial growth. Soon after, however, industrial tempo picked up quickly, and rapid strides were made in hosiery, cycle parts, sewing machines, weaving, powerloom and handloom, dyeing and calico printing. Remarkable progress was made later in the manufacturing of hosiery machines, machine tools, motor parts, oil engines, oil expellers, agricultural tools and implements, thrashing and chaff cutting machines. There are also units engaged in rerolling of steel, manufacture of surgical instruments, steel pipes, cutlery, electric fans and other appliances.

With the latest (1971) census figure of about 44 per cent of the working force being engaged in manufacturing industry, Ludhiana city has recorded the highest figure among the major industrial cities in India.

LAND USE

Table 3 shows the existing pattern of land use in the Ludhiana urban area. Certain features are worth noticing in the layout of the city. For instance, inadequate communication system is evident from the land use under this item. Similarly, parks and recreational facilities are virtually neglected at the present moment. Vacant land cannot be said to be high either for the present or for future uses. The ratio between built up area and population over the last three census decades is as follows :

	<i>Population</i>	<i>Built-up Area (in Acres)</i>
1951	1,53,795	1292
1961	2,44,032	3618
1971	4,01,124	6421

(This includes some areas outside the municipal limits).

Thus, whereas in 1961 the city reached a population figure 2½ times its population in 1951, the growth of built-up area during the same period has been about 5 times. As the Ludhiana Master

Plan observes:

"The rapid growth of the city has brought in its trail many evils such as unauthorised constructions and squatting, suburban and linear haphazard growths without basic public services and community facilities. Within the old city, there are areas with very high densities ranging between 200 and 500 persons per acre."

Table 3

LUDHIANA : EXISTING LAND USE, 1971

Sl. No.	Uses	Total area in acres within Municipal limits 10,304 Acres	Percentage of Total Area	Area in acres outside Municipality
1.	Residential	3,430	33.29	516
2.	Commercial	185	1.80	—
3.	Industrial	625	6.07	525
4.	Communication and transportation:			
	(a) Railway & Railway yard	280	2.72	110
	(b) Major roads including Bus Stand, etc.	683	6.63	307
5.	Recreational—green belts, public parks and major open spaces	254	2.47	—
6.	Public and semi-public facilities:			
	(a) University	1,203	11.67	200
	(b) Major educational institutions, hospitals, public utilities, etc.	409	3.97	—
7.	Governmental:			
	(a) Government offices	105	1.03	—
	(b) Other government land	465	4.51	680
8.	Miscellaneous:			
	(a) Water Bodies	53	0.51	800
	(b) Low lying areas	1,408	13.67	—
	(c) Vacant land	1,204	11.67	—

URBAN PLANNING

To check unplanned growth, and to regulate and plan the city's development, the Ludhiana Master Plan preparation started as early as 1963 in which year an interim general plan (IGP) was

made ready. In recent years, the city's growth has been so rapid that the objectives of planned growth envisaged in the IGP of 1963 were rendered obsolete by a spate of unauthorised activities and speculation. The draft master plan had to be revised thoroughly to guide and control the city's growth and development up to the year 1991.

The main problems identified for planning purposes are :

1. Acute housing shortage;
2. High density particularly in the old city area;
3. Non-conforming uses where industry and residential localities exist side by side creating environmental pollution and problems of circulation;
4. Acute shortage of open spaces;
5. Traffic congestion due to mixed traffic and no road planning;
6. Inadequate educational facilities and their uneven distribution;
7. Settlements in the low-lying areas and urban sprawl on all sides of the city without public services and facilities;
8. Haphazard growth, and slums within the municipal limits;
9. Absence of transport and truck terminal;
10. Operation of brick kilns within the city limits;
11. Existence of wholesale markets in the old city area dealing in grain, timber, and hide;
12. Presence of dairies within the city;
13. Absence of sewerage facilities;
14. Primitive methods of disposal of garbage and nightsoil.

Having identified these problems and features in the historic growth of the city, the Master Plan has fixed the following goals for planning purposes:

1. To ensure minimum possible utilization of valuable agricultural land around the city;
2. To secure balanced growth of the city so as to reduce the cost of development and extension of services;
3. To promote efficient urban growth with basic services and amenities to the inhabitants;
4. To stimulate and ensure balanced economic base in respect of industry, trade and commerce, transport and communications, education and other services;

5. To provide for the foundation of a major urban complex as a counter magnet to Delhi in the northern region;
6. To design a transportation system in order to serve the needs of the future metropolis, providing linkages with regional transportation;
7. To determine optimum land utilization and indicate the hierarchy of their distribution for various purposes;
8. To create a healthy living environment by eliminating slums, improving housing conditions, providing adequate water supply and storm water drainage;
9. To ensure functional integration between living and work places, and to create self-contained communities with all facilities such as housing, schools, shopping and health centres, parks and recreational areas etc.;
10. To achieve a rational distribution of population densities all over the urban area;
11. To decongest the old city by relocation of activities and inhabitants and to redevelop the old city by providing community facilities and improving circulation system;
12. To give a more dignified and sophisticated face lift to the city commensurate with its position and status as the major industrial hub of northern India. For the purpose, a series of immediate action programmes have been suggested including road widening, diversion of *Budha Nallah* and utilization of its bed for recreational purposes, creation of city/sub-city centre, removal of encroachments on roads, provision of more recreational facilities, construction of district offices, new bus stand and truck terminals and overbridges on railway crossings, enforcement of strict controls and zoning regulations to achieve aesthetic beauty;
13. To ensure coordinated development by harmonising the activities of the major local development agencies such as the Municipal Committee, the Improvement Trust and the State Government Departments.

The planning goals are, no doubt, of a very tall order. Yet, if the city has to be transformed into a late twentieth century habitat, an ambitious programme for its redesigning seems imperative.

INTEGRATED CITY DEVELOPMENT PLAN

It is now realised that a massive renewal and rebuilding programme has to be mounted within a larger framework of state and national planning. As the national Fifth Five Year Plan was under preparation the city of Ludhiana was selected as one of a number of growing urban areas where a link-up was proposed between urban planning and national planning. From the standpoint of feasibility, planning for Ludhiana was suggested in 1972 along the following lines:

1. Limiting the growth of the city by means of planned programme, putting a ceiling on population at one million;
2. Drawing up a long-term perspective plan;
3. Formulation of a 5-year plan for the immediate future;
4. Evolving a suitable administrative set-up to deal with the various problems of urban growth in an integrated fashion;
5. Undertaking emergency measures to improve specific urban services by ensuring certain immediate standards and mobilisation of financial resources with a view to funding various schemes in the plan proposals.

It was thought that the Ludhiana plan should constitute an integral part of the national plan exercise for urban development. To prepare the plan a special organization was set up in the city of Ludhiana which came to be called 'Environmental Research, Planning and Design Organization' (ERPDO). The Union Ministry of Works & Housing at the federal level also evinced interest in the plan exercise that was being pursued in Ludhiana as the Ministry was in the process of formulating a central scheme for integrated development of metropolitan cities, small and medium-size towns and areas of national importance. So, the federal initiative gave impetus to the Ludhiana plan exercise and ultimately the integrated city development plan for Ludhiana was considered for finalisation in September, 1974. The Draft Report has since been formally submitted to the Government of India for assistance under the Central Scheme for Integrated Development of Metropolitan Cities and other urban areas. The project report consists of two sections: First section contains schemes for acquisition and development of new areas for urban uses; and the second contains a number of schemes for the improvement of services and amenities in existing municipal areas. In the

first section acquisition and development of land have been proposed for residential use, major commercial use and industrial use. Under the second section major schemes include those of water supply, sewerage, storm water drainage, development and improvement of roads, transportation, environmental improvement schemes, removal and disposal of refuse, mechanical composting and other miscellaneous schemes including land for public parks, swimming pools and stadium, crematoria, removal of encroachments and unauthorised constructions, shops and other amenities such as public toilets and urinals. The main objectives of the integrated development programme have been laid down as follows:

1. To prescribe a proper standard of development in the new areas to be developed in future for urban uses on the self-financing principle under which the entire cost of making the land fit for building operations, provision of roads, street lighting, water supply, sewerage, drainage and other public amenities such as schools, health centres, development of public parks etc. shall be charged to the development cost and thus fully recovered from the sale/lease of developed plots for various uses.
2. To wipe out the existing backlog in urban services and amenities within the next five to seven years.
3. To integrate the development of new areas with the improvement and development of services and amenities in the existing city and to make the entire process of urban improvement and development self-financing, besides generating surplus funds for developing other growth centres.
4. To provide adequate land, developed to desired standards, to fully meet with the demand for various urban uses so that speculative development and haphazard growth no longer remain economically attractive.
5. To provide for effective enforcement of the provisions of the proposed urban planning legislation for completely eliminating the evil of haphazard growth.
6. To ensure social justice to the economically weaker sections and low income groups by providing sites and services in the form of fully developed residential plots at subsidised rates and on easy terms of payment and also to minimise

the disparity in the sizes of plots for various income groups.

7. To provide for a proper mix of various income and social groups in the society, in each composite residential sector, in order to achieve better social cohesion.

The integrated city development programme covers the period from 1974-79 in the first stage and it has a perspective upto 1991. Since we are concerned here with the provision of social services, it is proper to examine the plan proposals in relation to them. A very rough estimate puts the cost of providing basic urban amenities for the city dwellers in 1991 at about Rs. 135 crores at constant prices. According to one estimate more than Rs. 32 crores will be needed today at current prices to clear the backlog in essential services and amenities such as water supply, sewerage, storm water drainage, development of roads, removal of garbage, housing, schools, health centres and other needs of the urban population. To execute the different schemes for the integrated development of the entire urban area, it has been estimated that an amount of about Rs. 15 crores will be needed. The project report, of course, contains an in-built mechanism to self-finance the entire future development of the city as well as the improvements in the existing conditions after the initial five-year period. Yet, the investments in monetary terms for the social overheads are going to be considerable, and it will be interesting to see how in actual practice the urban area is provided with the proposed services and amenities.

ENVIRONMENTAL IMPROVEMENT SCHEME

The first scheme which is of interest to us is the Environmental Improvement Scheme that seeks to upgrade the living conditions of the slum dwellers in the city. Approximately about a fifth of the city's population numbering nearly 100,000 lives in the slum areas in the midst of unhealthy environmental conditions. In these areas the civic services and amenities have almost been non-existent. There are dusty streets. Service drains are almost absent. Some of the slums are situated in abandoned brick kiln sites and low-lying areas that are liable to seasonal flooding. Water stagnates in the low lying areas and rain water sullage and garbage all get mixed up and provide a spawning ground for flies and

mosquitoes. Most of the houses are sub-standard and are without latrines. The source of drinking water is either percolation wells or shallow handpumps. The sullage ponds being in many cases quite close to the source of water supply, people drink contaminated and unsafe water. Eighty per cent of the water samples tested from these areas have been found chemically and bacteriologically unfit. Fifteen areas have been identified as being most critical from the point of view of environmental sanitation. On the basis of Rs. 150 per capita expenditure, the cost of environmental improvement scheme for these slum areas has been worked out at Rs. 153.75 lakhs. Already work has been started in four areas with the help of funds received from the Government of India under the Slums Improvement Scheme. The kinds of services which are planned to be supplied to the slum areas include water supply and sewerage, filling up of depression, improvement of roads, street lighting and provision of other community services and facilities such as urinals, drains and the like.

REMOVAL OF CITY REFUSE

The integrated plan includes proposals for the collection and removal of garbage and mechanical composting. An amount of Rs. 10 lakhs is proposed to be spent for augmenting existing collection depots and booths as well as increasing the fleet for transporting refuse. For mechanical composting three composting plants are proposed within the period of five years for which a provision of Rs. 2 crores has been made in the plan.

WATER SUPPLY

The integrated plan includes an elaborate programme for augmenting water supply of the city at an estimated cost of Rs. 3.61 crores. It has been estimated that a total population of 1,86,000 is currently being served by the municipal water supply scheme. At the moment municipal water supply is being obtained from thirty-three deep tubewells. The municipality has a plan to provide piped water supply for the entire population of the city of about 5 lakhs that would be living within the municipal jurisdiction by 1979-80. The primary objective of the water supply master plan included in the integrated city development plan is

to provide safe and adequate drinking water to the entire population within the urban area in order to reduce the present incidence of cholera and other gastro-intestinal diseases. Other objective is to provide safe and reliable water supply to industry which is essential to maintain the minimum of industrial development in the urban area. Also adequate water is needed for fire fighting purposes.

OTHER SCHEMES FOR URBAN AMENITIES

A number of other measures have been proposed in the integrated plan to improve the quality of urban environment. For instance, public toilets and urinals have been planned at important places in the city. In the congested localities, the location of improvised dairies has been causing great nuisance. The discharge from these dairies chokes the city drains and sewerage, and also the surroundings in which the dairies operate are not hygienic for the purpose of milk production. The dairies also prove a great traffic hazard. According to the municipal records, there are about 865 dairies within the city area. The integrated plan proposes to shift these dairies in phases to the outskirts of the city at selected areas. There are a few other schemes relating to removal of unauthorised construction, development of parks and open spaces, construction of shops, swimming pools and public stadium.

HOUSING

The housing situation in Ludhiana city as pointed out earlier is far from satisfactory. According to the 1971 Census, the city had 65,545 households and 62,460 residential houses. The living accommodation for the households can be understood from the figures presented in Table 4. Although the planners visualised a minimum accommodation for a family as not less than two rooms, the actual situation is far from the standard. It has been observed in the integrated plan that considering the sociological and other factors and keeping in view the existing economic situation, high cost of construction and low rent-paying capacity of the people at large, it may not be possible to change the existing pattern substantially in the coming five-year period. According to one

Table 4

HOUSING SITUATION IN LUDHIANA

<i>No. of rooms per household</i>	<i>No. of households</i>	<i>Percentage of total households</i>	<i>Total population</i>	<i>Average size of household</i>
One room	31,375	47.9	133,795	4.26
Two rooms	17,525	26.7	102,760	5.86
Three rooms	7,645	11.7	50,930	6.66
Four rooms	4,445	6.8	32,395	7.29
Five & more rooms	4,555	6.9	37,450	8.22
Total	65,545	100.00	3,57,330	5.45

projection, during 1971-81 the population of Ludhiana urban area is expected to increase by 3.25 lakhs. This means that within this period the growth in population would lead to the increase of nearly 60,000 households, 5.45 being the average size. The total cost of construction of houses for this additional population has been placed at Rs. 106.8 crores. This does not take into account the need for improving the existing housing stock in the city. The integrated plan acknowledges the stupendous problem of providing houses for the growing city population. The plan ends up with the pious hope that the State Housing Board will formulate a comprehensive programme for the construction of houses for various categories of population. What is actually going to happen is fraught with uncertainty. To quote the plan itself:

“On account of financial and other constraints, it is presumed that the bulk of the houses will have to be constructed by the private individuals through their own resources, to whom sites and services will be provided in the shape of developed plots.”

This in brief is a round up of the integrated city development plan which is currently being pursued to check the haphazard urban growth and improve the living environment of Ludhiana urban area.

THREE

Government in Ludhiana Urban Area

Ludhiana urban area has both municipal and non-municipal components within it. The current integrated plan exercise, to which reference has been made earlier, is confined to a total control area of 17,589 acres out of which nearly 10,140 acres fall within the municipal limits. This shows that a substantial tract is non-municipal in character and for the purpose of local administration organizations other than municipal administration operate in these areas. There is no single governmental unit for administering the different services within the urban area. The principal organizations involved in the administration of different services in the Ludhiana urban area are as shown in Table 1. The governmental map of Ludhiana urban area is sufficiently variegated due to the presence of different types of organizations. The

Table 1

GOVERNMENTAL ORGANIZATIONS IN LUDHIANA URBAN AREA

<i>Sl. No.</i>	<i>Administrative Organization</i>	<i>Type</i>
1.	Ludhiana Municipal Committee	Local Government
2.	Ludhiana Improvement Trust	Special Purpose Body
3.	Urban Estates Department	State Agency
4.	Housing Development Board	Special Purpose Body with state-wide jurisdiction
5.	District Administration	State field administration
6.	Panchayati Raj or Rural Local Bodies	Local Government

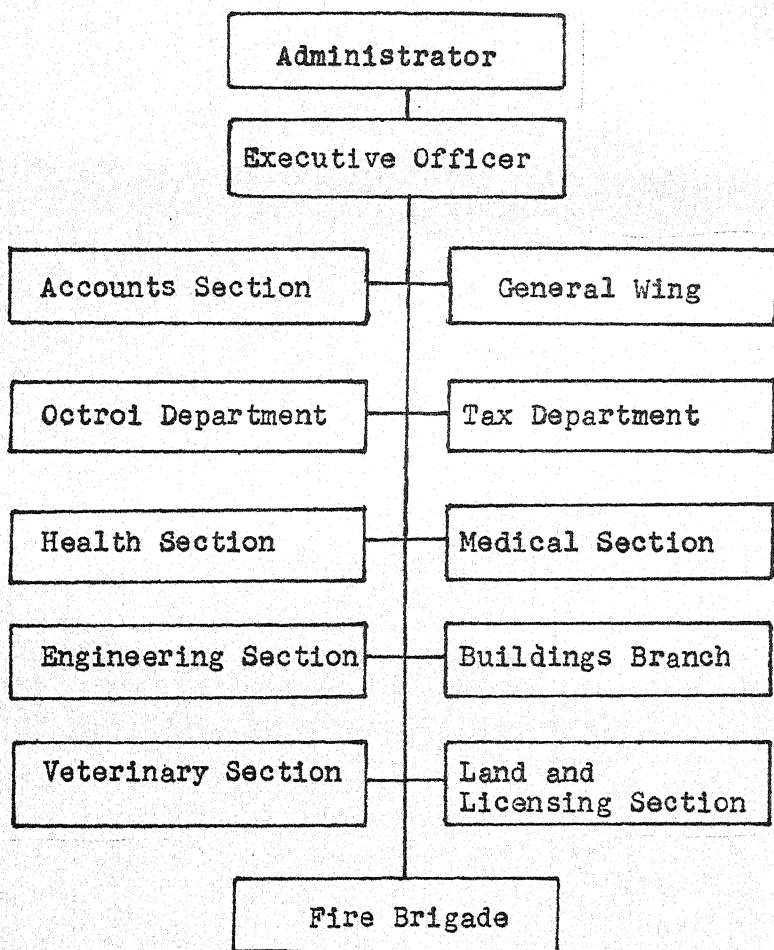
principal actors in the urban situation are the Ludhiana Municipal Committee and the Ludhiana Urban Improvement Trust. The Ludhiana Municipal Committee is one of the oldest municipal bodies in the country which was set up way back in 1867. The Act governing the municipal body is the Punjab Municipal Act, 1911. Within its jurisdiction the municipality is responsible for the provision of essential civic amenities like water supply, roads, drainage, sewerage, garbage removal and disposal, street cleaning, inoculation, vaccination, sanitation, buildings regulation and so on.

The organization of the Ludhiana Municipal Committee needs some elaboration, as the municipality is conceived as the primary organ of social services/welfare administration in the urban area. The Municipality has had several spells of supersession when the State Government has taken over municipal administration due to mismanagement of civic affairs by the elected council. Currently supersession has again been clamped down and the city administration is now being run by a state officer called the Administrator drawn from the state services. Chart 1 depicts the present organization of municipal administration in the city.

The Administrator is in overall charge of municipal administration. He is assisted by the Executive Officer, the Secretary and the Assistant Secretaries, insofar as general administration is concerned. The general wing, the accounts branch, the tax departments, the buildings branch and the land and licensing section are engaged in housekeeping, revenue collection and regulatory activities. If we leave out the municipal fire brigade, there are four important departments that are directly involved in service functions. These are the medical, health, veterinary and engineering departments. The medical section deals with running of dispensaries under the care of two medical officers on deputation from the State functioning under the supervision of the District Civil Surgeon who is the head of the State health services organization at the district level. The Municipality bears all the expenses toward the maintenance of the dispensaries including salaries and allowances of the physicians and other supporting staff. Apart from spending money, the municipality's link with the dispensaries is very tenuous.

The Health Department is looked after by the Municipal Medical Officer of Health who is a municipal employee. The

Chart 1
LUDHIANA MUNICIPAL ORGANIZATION



Department deals with city sanitation, including cleaning of streets and drains, collection and disposal of refuse and garbage, maintenance of tuberculosis clinic and maternity centres, infectious diseases hospital, leprosy clinic and the municipal slaughter house. Under the charge of a veterinary officer who is on deputation from the State Government, the veterinary section functions without, of course, the responsibility for the slaughter

house which is placed under the Medical Officer of Health. The other important municipal department is the engineering section looking after diverse activities such as horticulture, road work, water supply and sewerage. The municipality is overly dependent on state technical officers, as can be realised from the above account. The dispensaries are run with the help of medical officers drawn from State Services; the veterinary section is looked after by the District Animal Husbandry Officer on deputation to the municipality; the Medical Officer of Health is also a State Government Officer serving in the Municipality; and presently the municipality is in correspondence with the State Government seeking to appoint a Superintending Engineer from State Technical services to supervise the water supply augmentation scheme shortly to be launched by the municipality.

It needs to be emphasised that under the existing municipal Act, the State Government has considerable controlling authority over the municipal administration. The State Government can call for records and returns, inspect offices and works, compel undertaking of specific tasks, take action in default, rescind municipal resolutions and even take over (supercede) municipal administration. Apart from these general powers, the state government exercises substantial control over technical services such as water supply, sewerage and drainage, public works, and health and medical activities. For instance, major water supply and sewerage schemes are technically formulated and executed by the State Public Health Department, and once these are completed, they are handed over to the municipality for maintenance. At the present moment, the municipality is engaged in a collaborative work with the State Public Health Department. Under the Slums Improvement Scheme sponsored by the Union (Central) Government, funds have been provided for making improvements in the living conditions of slums in the Ludhiana city. The work in this connection is jointly being undertaken by the municipality and the State Public Health Department. The former is doing the pavement work in the slum areas, while the latter is providing the infrastructural facilities such as streets, water supply, drainage and sewerage.

LUDHIANA TOWN IMPROVEMENT TRUST

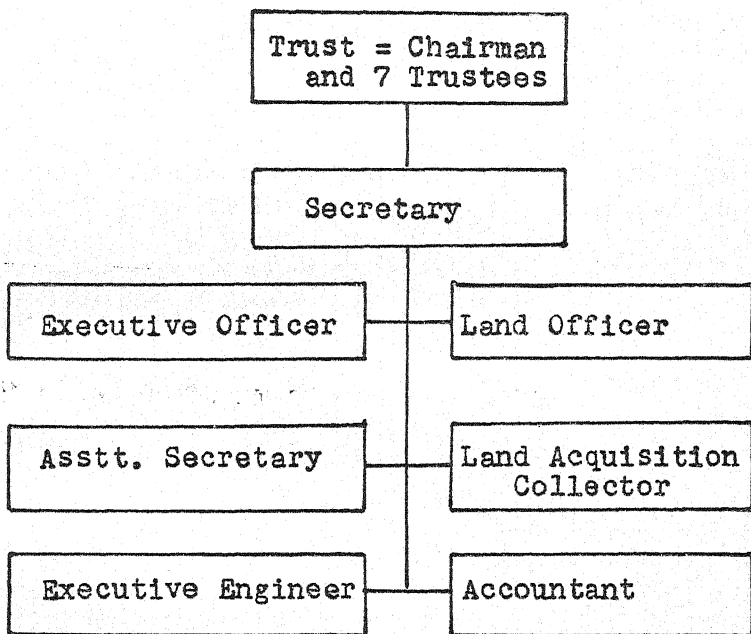
Next to the municipality, the Improvement Trust is of

considerable importance from the town planning and development point of view. This is a statutory body set up by the State Government to carry out limited functions and prepare improvement schemes which include use and reuse of land embracing, land acquisition, redevelopment and disposal. The Trust consists wholly of State Government nominees—a chairman and seven trustees. Its functional jurisdiction is not limited by the administrative boundaries of the municipal authority, and in fact it operates at the periphery of the city. The Trust prepares and executes individual schemes for expansion and improvement of the city. It does not have powers to prepare Master Plans or zonal regulations to regulate the control of land use. Its powers and functions are limited to different schemes of development and redevelopment prepared and executed by it with a view to avoiding any conflict with the functioning of the municipality. Once an area is developed, the normal practice is to hand it over to the municipality for maintenance. It needs to be emphasised that the Improvement Trust is conceived in narrow terms; organizationally and statutorily the Trust is not competent to frame overall plan for the city in the regional context.

Chart 2 shows the organization of the Improvement Trust. The Chairman and the seven Trustees constitute the Trust. The Chairman who is a political appointee heads the organization and he is assisted in managerial functions by the Secretary who is a state official. Apart from generalist officers like Assistant Secretary and Executive Officer, the Trust has a number of technical officers such as the Land Officer, the Land Acquisition Collector and the Executive Engineer. Since the main function of the Trust is to acquire, develop and dispose of land, the organization has been equipped with the kind of expertise that is necessary to undertake this responsibility. The Trust's organization is not very elaborate and it often depends on State field agencies like the Public Works Department and the Public Health Organization of the State Government for the execution of its schemes.

Two other organizations are active within Ludhiana Urban area in more or less the same field of operation. These are the State Urban Estates Department and the State Housing Board. The Urban Estates Department is also engaged in acquisition, development and disposal of residential plots for housing purposes. The areas chosen for development are, of course, not the same as

Chart 2
LUDHIANA URBAN IMPROVEMENT TRUST



those where the Improvement Trust has been in operation. Yet these two organizations have overlapping functional jurisdictions. The Urban Estates Department plans and executes some kind of colonization scheme in selected areas in peri-urban locations.

The Housing Board is a special purpose authority which operates in the state as a whole. As is evident from the title of the organization, it is mainly concerned with public housing. The Housing Board is yet to get off the ground and its operations are still very very limited indeed.

PANCHAYATI RAJ

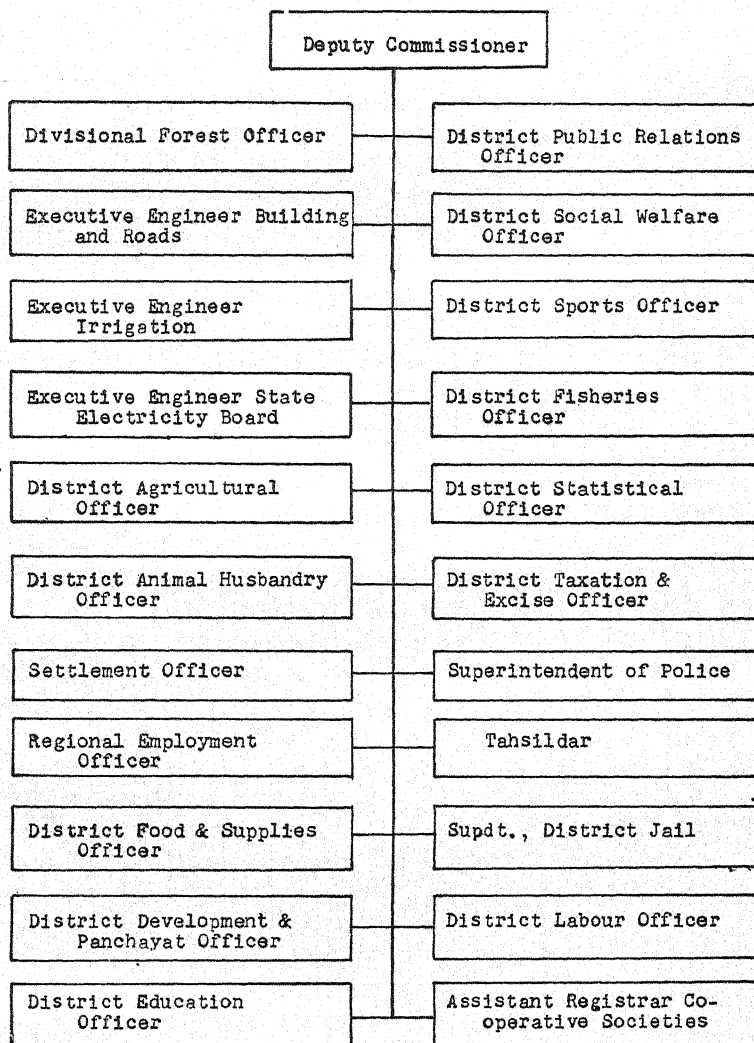
The Ludhiana Urban area, as earlier pointed out, contains large chunk of rural territory where municipal government has not yet been introduced. The form of local government that exists in those areas is Panchayati Raj. The Panchayati Raj Bodies—Gram Panchayats and Panchayat Samitis—are statutorily

empowered to undertake normal civic functions and some development functions. The Gram Panchayats are far too small to individually make any impact on the administration of social and civic services. It is the block level body—Panchayat Samiti which is much more equipped financially and technically to undertake larger responsibilities in respect of civic and social services. The Block organization is headed by the Block Development Officer who is appointed by the State Government. He is to advise the Panchayat Samiti and keep the members informed about the activities of the Block. He is also the king-pin of executive administration, as the different functional officers in charge of agriculture, animal husbandary, public health, cooperatives and irrigation, etc., are coordinated under his leadership.

DISTRICT ADMINISTRATION

The description of Ludhiana's Governmental Organization will be incomplete without taking into account the pivotal role played by the State field administration—the district administration, which is headed by an agent of the State Government called the Deputy Commissioner. Like the French prefecture, district administration is conceived as an overarching areal administration by means of which the State Government directly administers many important local services and generally supervises the operation of local self-governing bodies like the municipalities and the panchayati raj bodies. For this purpose a number of State departments have been located in the district which are supposed to be coordinated by the Deputy Commissioner. Figure 3 shows the state departments placed under the coordinating jurisdiction of the Deputy Commissioner (DC). The nature of control exercised by the DC over the different departments differs from direct supervision to very general coordinating responsibility. For instance, the Superintendent of Police functions directly under the DC. The District Development Officer and the revenue staff such as the Settlement Officer and the Tehsildar work as direct aides to the DC. At the other end, the DC's link with the engineering departments and the Education Officer is rather tenuous. He does, however, possess the general prerogative of calling for records and reports from all the district heads of departments and he summons them in case of any help needed from any department. Also, he

Chart 3
ORGANIZATION CHART OF LUDHIANA DISTRICT
ADMINISTRATION



regularly convenes monthly meetings of district heads of departments to discuss general problems of district administration and to sort out interdepartmental problems. The State Government looks at him as the general administrator of the district in its entirety. He in his turn keeps the state government informed about the goings on in the district—its socio-economic development, law and order problems and any other special happenings which need to be brought to the notice of the State Government. Usually, the DC is more immersed in rural, rather than urban administrative problems. Yet, the urban areas being always at the vanguard of socio-political agitations, he cannot afford to neglect their problems. His office being situated in the city, he has to willy nilly get involved in many city problems. Apart from general interest evinced by him in urban problems, there are specific statutory responsibilities in relation to urban institutions which the DC has got to discharge as the agent of the State in the field.

CONTROL OF MUNICIPAL ADMINISTRATION

The Punjab Municipal Act which governs the structure and operations of the Ludhiana Municipal Committee specifically provides for the DC's intervention in particular cases. Although the scheme of legislation is to entrust the responsibility for municipal administration to the elected councillors, the State Government has retained considerable controlling power over municipal affairs. These powers are either exercised by the government directly or delegated to the DC for exercise by him. Most of the important state powers in this connection are worth our quotation. For instance if in the opinion of the DC the staff employed by a municipality is excessive or redundant or is being paid at higher rates, the DC can reduce the number or the remuneration of such staff. The municipality can of course appeal against such actions by the DC to the State Government. The procedure laid down in the Act for levying a tax includes reference of a municipal taxation proposal to the DC or the state government for approval. The State Government or the DC has then to notify the imposition of the taxation along with the manner of levy and the date of commencement of the tax. When a municipality is to seek loanable funds for any development project it has to submit an application to the State Government through the DC stating

therein the purpose of the loan, the amount needed and also whether the loan is for productive purposes or not. Under the rules, the DC has to look into the relevant facts and vouchsafe for their correctness. The loans sanctioned for water supply, drainage and road construction schemes are usually in the nature of book transfer, as most of these works are actually done and handled by State field agencies. The DC has been empowered in the municipal Act to enter and inspect any municipal property or any municipal work in progress. The Act authorises the DC to suspend municipal resolutions or prohibit the doing of any act by a municipality which in his opinion is in excess of the powers of the municipality or which is considered as wasteful. The State Government is also empowered, under the emergency provisions, to institute enquiries into municipal performance in respect of any particular activity, and in case of default by a municipality the State can compel the municipality to perform a specific duty and pay for the expenses incurred in this connection. When a municipality has been found incompetent or is persistently making default in the performance of its duties, the State Government may supersede the municipality and take over its administration by appointing an Administrator. In fact, currently Ludhiana municipal committee has been similarly taken over by the state, and the Administrator looks after the municipal administration.

Since the DC has important powers in relation to land and revenue administration as well as law and order management, the municipalities and other organizations in the district look for his support in times of trouble and in specific cases where land has to be acquired for any particular project.

In district welfare administration the DC has some specific responsibilities—for instance he is the Chairman of the District Red Cross Society which is a private organization having considerable welfare activities to its credit. The State Government takes particular interest in the welfare of the scheduled castes and tribes and other economically depressed sections of people; so the DC has to take upon himself, as the agent of the State, governmental responsibility for looking after the welfare of the weaker sections of the community. Many a time the personal interest evinced by a particular DC in the social welfare activities within his district jurisdiction gives fillip to welfare services and encouragement to the organizations engaged in this kind of

activities. The Deputy Commissioner's is a very hard job indeed, yet his personal attention counts a lot in the development of any particular area or any specific social service within the district. The preeminence of the DC in the district bureaucratic set-up is exploited by many organizations, when they associate his name with social functions and celebrations. Traditionally, the post has been carrying a lot of social prestige and real power. In recent times, competitive institutions have come up and many State departments have carved out their independent functional jurisdictions. Also, the local politicians have emerged as powerful leaders influencing the conduct of administration at the district level. The position of the Deputy Commissioner has correspondingly been weakened under the impact of these new developments. Even then, the leadership qualities exhibited by a particular incumbent of this position can go a long way in binding together the diverse threads of district administration and imparting a certain dynamism to it.

Beyond the district administration there are supra-district organizations of the State Government that have their impact on the administration of Ludhiana urban area. A few examples will make this point clear. The Public Health Department of the state government has its Additional Chief Engineer located at Patiala. His jurisdiction extends to Ludhiana city also. In the same department, the other Regional Officer is the Superintending Engineer who is more directly concerned with the public health projects in Ludhiana urban area. Similarly, the Superintending Engineer of the Public Works Department, who is another regional officer of the State, has jurisdiction over buildings and roads construction in Ludhiana urban area. The State field administration is a multi-layered organization. It rises up in successive levels from the lowest unit, *e.g.*, sub-division, upward to district, division and engineering circle. The technical officers of the State Government stationed in the field have been given supervisory powers to oversee the technical soundness of proposals prepared by lower level field officers. Technical sanctions are accorded to specific projects by prescribed officers on the basis of total cost of the projects. So a district engineer is empowered to technically give clearance to a project up to a financial limit; beyond that he is to look for sanction from his superior in the circle or division.

It has already been mentioned that an integrated city development programme for Ludhiana urban area has been prepared by the Government of Punjab for regulating urban growth in and around Ludhiana and for developing the urban area according to plan. To expedite the work of preparation of the integrated development plan, a special technical organization was set up by the Government at Ludhiana city with effect from November, 1973 for studying the existing problems of the city and suggesting future course of development of the urban area. This organization is still in existence and called the Environmental Research Planning and Design Organization (ERPDO). It includes experts drawn from various disciplines such as public health, town planning, social sciences, traffic and transport planning, economics and geography. It is headed by the Chief Coordinator and Planner who belongs to the State Town Planning Department. But for the purposes of preparation of the integrated development plan, the Chief Coordinator and Planner has been given considerable autonomy and he functions directly under the Secretary of the State Department of Local Government, Housing and Urban Development. The up-shot of all these is that a special *ad hoc* organization is currently doing the planning exercise for Ludhiana urban area.

At the State level the most important department concerned with the planning and development of the urban area is the Local Government, Housing and Urban Development Department. It is headed by a Secretary who is the kingpin of the Secretariat organization. He has under him the Director of Urban Development and the Director of Local Government, both working intimately on field problems and assisting the Secretary in framing policies for the State as a whole. Currently the Secretariat Department has been concentrating on the planned development of major urban areas in the State of which Ludhiana is one. The integrated development plan for Ludhiana urban area has been greatly facilitated by the coordinating role played by the Secretary of the Department of Local Government, Housing and Urban Development. Normally it has been the experience that most field proposals get stuck up and are ultimately lost in the jungle of huge Secretariat complex. Any project on say—road development, water supply and sewerage, etc., has to be vetted by a number of departments, and usually as the files move on slowly from one

department to another, the interest for specific projects in the process dies down. To guard against this frustrating possibility, the Secretary of the Local Government, Housing and Urban Development Department has set up under his chairmanship a Coordination Committee which has been extremely useful in cutting the red-tape and sorting out inter-departmental problems in relation to projects for Ludhiana urban development. The composition of the Coordination Committee is sufficiently variegated, as an attempt has been made through this mechanism to include under one canopy as many departments of the government as possible. The composition also shows the complicated nature of inter-governmental relationship that obtains in planning and development. The members of the Coordination Committee consist of the Housing Commissioner, Director Local Government, Chief Town Planner, Chief Engineer (Public Works, Buildings and Roads), Additional Chief Engineer (Public Health), Superintending Engineer (Public Health), Superintending Engineer (Public Works), Administrator, Ludhiana Municipal Committee, and the Engineer of the Ludhiana Improvement Trust. In addition, the committee has within it the Chief Coordinator and Planner, the Superintending Engineer (Public Health), the Traffic and Transport Planner and the Planning and Research Officers of the Environmental Research, Planning and Design Organisation. A series of meetings of the Coordination Committee were held between July 1974 and August 1974 to consider the draft project report prepared by the ERPDO. Some of the intricate technical problems involved in the project proposals were sorted out in a sub-committee consisting of the State Chief Town Planner, Director (Housing), Chief Engineer (Public Works), Additional Chief Engineer (Public Health), Chief Engineer of the Punjab State Small Scale Industries Corporation and the Chief Coordinator and Planner. The Sub-Committee reported to the Coordination Committee for consideration of its report on specific matters. At a higher level, the draft project report was given final shape in an inter-departmental committee meeting held under the chairmanship of the Secretary of the State Planning Department. The highest coordinating body was the Steering Committee consisting of senior representatives of the Planning Commission of the Government of India, the Punjab Government, the Union Ministry of Works, Housing

and Urban Development, the Chairman of Ludhiana Improvement Trust and the President/Administrator of Ludhiana Municipal Committee. The Steering Committee was set up at the instance of the Planning Commission to oversee, generally, the planning problems of Ludhiana urban area and to scrutinise the proposals for final adoption. Once the draft project report was cleared by the inter-departmental committee, the report was placed before the Steering Committee for their views. After detailed consideration, the Committee resolved that the draft project report might be finalised by the State Government and formally submitted to the Government of India for assistance under the Central scheme for "integrated development of metropolitan cities, small and medium size towns and areas of national importance". The financial provisions for undertaking development in various sectors in the city plan were ascertained from the respective State departments. This was necessary to find out the shortfall in resources for implementing the proposals within the framework of the State Five Year Plan.

This description explains the intricate inter-governmental relationships in the matter of preparation of integrated development project and its implementation. It clearly shows the complexity of administration because of the involvement—direct or indirect—of a number of agencies and departments both at the State level and at the Union Government level.

In preparing the plan proposals, the authorities concerned with the exercise were aware of the complicated nature of governmental set-up which currently impinges on Ludhiana urban area. Hence it was considered necessary, as part of the plan recommendation, to suggest a new administrative set-up to successfully push through the planning proposals contained in the integrated development plan. To quote the integrated development project report:

"None of the existing authorities operating at the local level, namely, the municipal committee, the Town Improvement Trust, the Urban Estate Department and the Housing Development Board have adequate administrative and technical set-up at the local level, the financial resources or the requisite legal authority to enable it to successfully implement the integrated development project of this magnitude."

So, the report suggested the establishment of a high-power

planning and development authority at the city level to prepare and enforce the development plan for the town as a whole and detailed schemes for various areas in the town in accordance with the provisions of the development plan, and to regulate the use and development of land and enforce the various other provisions at the local level. The essential features of the proposed planning and development authority are as follows :

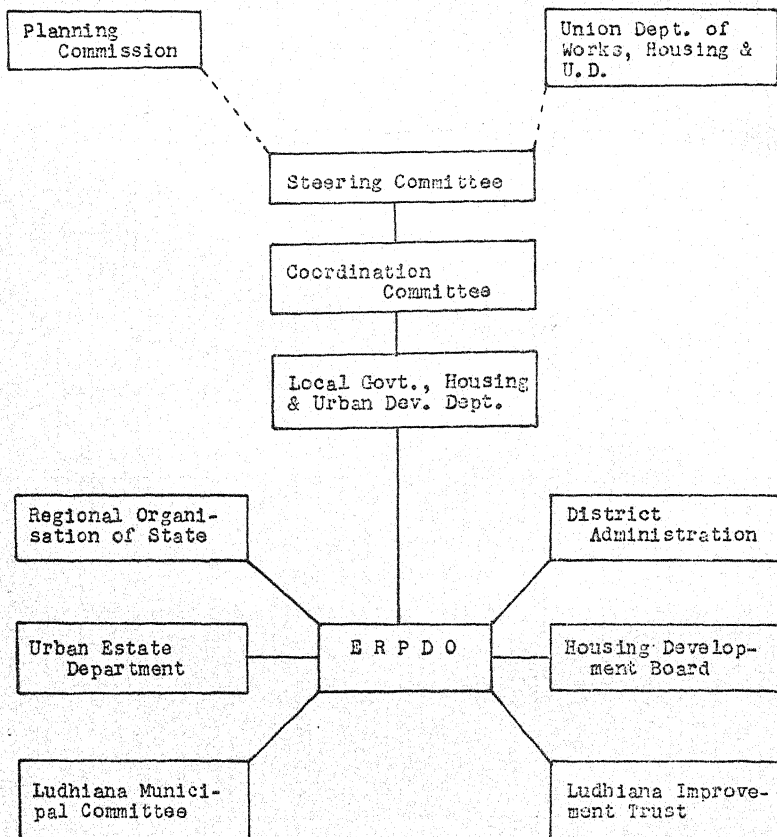
- (a) It shall be the apex body at the local level charged with the responsibility of overall planning as well as development of new areas, improvement of existing areas and enforcement of the regulatory provisions to control unauthorised and haphazard growth within the framework of the regional plan/master plan of the 'development area'.
- (b) Coordination and integration of development activities of the various authorities operating in the 'development area' such as Improvement Trust, Municipal Committee, Housing Board, Urban Estate Department, etc.
- (c) To fill in the gaps in urban development and for this purpose to itself formulate and execute various schemes such as: (i) comprehensive land acquisition, development and redevelopment schemes, (ii) regulative town planning schemes providing for regulation and development and redevelopment of the areas without involving land acquisition, and (iii) 'Special improvement schemes' for the services which may be deficient in the 'development area', and to handover the completed schemes to the Municipal Committee for maintenance.
- (d) To ensure that urban development is self-financing over a period of time and the cost of development is fully recovered in accordance with the principles of social justice and the entire system is oriented to benefit the common man within a specified period of time. In a nutshell the proposed authority shall be responsible for the future development, improvement of the existing situation and exercise control over haphazard growth and colonization in the 'development area', making the process of urbanisation 'self-financing'. The Municipal Committee shall be relieved of the burden in this regard but be responsible for the proper up-keep and maintenance of

the developed areas and services.

- (e) After an area is fully developed under a scheme it is envisaged to transfer the roads, parks and other services, etc., to the Municipal Committee for maintenance.
- (f) The Municipal Committee and the Town Improvement Trust, the Punjab Housing Development Board or any other body or Department of State Government may with the approval of the Planning and Development Authority, be entrusted with the development of any part of a 'development area' in accordance with the provisions in the development plan and for that purpose frame and execute any scheme.

The proposed apex organization, namely, the planning and development authority, is yet to come into being, although the State Government is very keen to set up this organization as early as possible. This itself bespeaks of the concern of the State Government about the current state of governments in the Ludhiana urban area. Evidently, the present fragmentation of governmental organizations in the urban area (*see* Chart 4) needs to be replaced urgently by a more integrated set-up to respond to the rising urban problems in a coherent and coordinated fashion.

Chart 4
GOVERNMENTS IN LUDHIANA URBAN AREA



FOUR

Profile of Social Services

In this section an attempt is being made to present a picture of the existing system of delivery of social services within the Ludhiana Urban Area. The condition of each service is being discussed separately to indicate the way a particular service is being delivered at the present moment. Later on the discussion would seek to consolidate and integrate the discrete delivery systems to portray the totality of the state of social services in the urban area. Because of relative difficulties in the availability of data in respect of the services, the portrayal for each service will not be uniform. This limitation has to be borne in mind in appreciating the reporting as contained in the following paragraphs.

The social services being discussed in this section include health, nutrition, family planning, education, water supply and environmental sanitation, social welfare. The other services relating to housing and community development are ill-developed in the urban area and there is very little to report on them. The housing services in the public sector are yet to get off the ground in Ludhiana Urban Area. At the moment whatever housing facilities are being expanded are mostly in the private sector and the State Government and its agencies, namely, the Housing Development Board and the Urban Estates Department are at best engaged in acquisition and development of land for future housing programmes. The latter agency has undertaken some housing constructions only recently within specified enclaves as part of an estate development operation. The State Government is seized with this matter and trying to energise the different housing agencies to operate in full swing in the Ludhiana Urban Area.¹ 'Community development' is an activity undertaken

¹See also Chapter II for discussion on housing requirements in the urban area.

almost exclusively in the rural area. Urban community development was sought to be introduced by the Central Government to encourage self-help programmes of urban upliftment. On a pilot basis, few projects were launched in a handful of cities of which Ludhiana was one. But the idea of urban community development, whatever be its conceptual merit, failed to evoke much local sympathy and participation. At the moment, there is no urban community development project in operation in Ludhiana urban area.

With these initial remarks, we may now examine the delivery systems for the remaining social services.

HEALTH SERVICES

In Ludhiana urban area, personal health services, in the sense of providing hospital and dispensary facilities, are being delivered more by private agencies than by the public sector. The city government—the Ludhiana Municipal Committee—has been traditionally engaged in the sphere of environmental sanitation rather than personal health services. We will refer to this role of the municipal government later in this section. The Municipality's contribution to urban health services is marginal. It maintains one Municipal Chest Clinic for screening tuberculosis patients and offers domiciliary treatment. On an average 50-60 patients are attended to by one T.B. trained doctor with the assistance of two unskilled helpers. Apparently, there is considerable demand for the services of this municipal unit which is tucked away in one corner of the municipal building without much facility. It is continuing more by inertia than by any planning, as very little has been done in recent years to add to the facilities and staff of the unit.

Besides, the Municipality runs a dispensary for the benefit of its own employees, and there are two other dispensaries in two different parts of the city for providing minor medical facilities to the citizens. As mentioned earlier, these dispensaries are managed by doctors on deputation from State Government, and for all practical purposes they work under the control and supervision of the Civil Surgeon who is the head of the District Health Services of the State. The standardized strength of each dispensary

is as follows:

Medical Officer	1	Trained helper	1
Pharmacists	2	Sweepers	2

On an average, more than hundred patients from neighbouring areas visit these dispensaries for small ailments. The dispensaries often refer patients to hospitals for further investigations.

In addition, the Municipality maintains two maternity and child welfare centres with a skeleton staff in each—one lady health visitor, one auxiliary nurse and one sweeper. From the figures available for the last two years' actual expenditure (Table 1), it appears that the municipal expenditure on medical and health services has decreased, although total municipal expenditure has shown some increase. This might be an indication of reordering of priorities by the Municipality in respect of expenditure items. Since hospitals and dispensaries are increasingly being provided by the State Government, it is possible that this trend toward decreasing municipal expenditure on this item would continue.

Table 1
ACTUAL MUNICIPAL EXPENDITURE ON MEDICAL AND
HEALTH SERVICES (EXCLUDING ENVIRONMENTAL
SANITATION, 1972-73 AND 1973-74

<i>Item of Expenditure</i>	<i>Year</i>	
	<i>1972-73</i>	<i>1973-74</i>
Hospitals & Dispensaries	475,698	328,495
Infant Care	18,647	12,764
Total Municipal Expenditure	17,418,772	20,888,702

Source: Budgets of Ludhiana Municipal Committee, 1973-74 and 1974-75.

The item 'infant care' or 'child welfare services' are separately accounted for, and decreasing expenditure is also taking place in this area. Incidentally the sanctioned budget estimate for 1973-74 for 'infant care' was Rs. 25,000 whereas the Municipality could actually spend only about half the sanctioned money. One explanation could be that the Municipality unduly inflated the estimate in anticipation of grant from the State or some other body toward this item. As the grant did not materialise, actual expenditure slumped down to half the estimated amount. This is a plausible explanation, as it will be pointed out later that some other child care programmes had to be abandoned by the Municipality because of lack of financial resources.

It needs to be emphasised that the municipal activities in the field of health and medical services are more a general continuity of a limited function than a planned supply of a critical community service. As already mentioned, these services are mostly provided by private institutions and partly by the government organizations. This will be clear from the current availability of beds in the different hospitals in the city. As Table 2 shows, the Civil Hospital which is run by the state government for the entire district of Ludhiana has only 40 beds. The largest hospital is the Christian Medical College and Hospital with 538 beds. This is run by the missionaries and has a reputation for cleanliness and prompt and

Table 2
BED STRENGTH OF MAJOR HOSPITALS IN LUDHIANA CITY

<i>Institution</i>	<i>Ownership character</i>	<i>No. of beds</i>
1. Civil Hospital	Public	40
2. Christian Medical College and Hospital	Private	538
3. Dayanand Medical College and Hospital	Private	250
4. Ludhiana Maternity Hospital	Private	101
Total		929*

*According to 1971 census, all the hospitals—public, private and exclusive—taken together have 984 beds.

good service. The other two hospitals have a combined bed strength of slightly more than 350. Besides, there are a few smaller hospitals run by private agencies and a couple of exclusive hospitals meant for the employees of specific organizations. The Railways Hospital, the Employees State Insurance Hospital and the Punjab Agricultural University Hospital fall in this category.

It will be wrong to say that these establishments cater to the needs of the urban area only. In fact, their catchment area is the entire district and, even sometimes, the whole State. For instance, the Christian Medical College gets patients from the entire State. The government hospital is particularly meant for the whole district, although its bed strength remains inadequate, compared to other hospitals. It is financed entirely by the State Government and supervised directly by the Civil Surgeon of the district. During 1973-74, the total expenditure incurred toward running the hospital was Rs. 169,283. There has not been much expansion of the government institution, presumably because of reliance on the supply of hospital services by the private sector. Another way of looking at the same phenomenon could be to suggest that in the absence of any determined and planned response from the public sector, the private organizations—mostly trusts, and societies—have come up to fulfil the societal needs.

Since Ludhiana city dominates the Ludhiana district and has its influence extending to other neighbouring areas, it is difficult to suggest the number of hospitals needed for the city only. In fact, in the Indian context, where villages do not have adequate medical and health facilities and have to depend on urban areas for these services, exclusive attention to urban demand may lead to a futile arithmetical exercise. Still it has been recommended by the planners that on the basis of one hospital with 500 beds each to serve a population of 1,25,000 Ludhiana urban area will be needing as many as 8 hospitals to cater to the requirements of an estimated population of one million in 1991.

To sum up, so far as medical and health facilities are concerned, Ludhiana Urban Area is currently overdependent on private organizations for their supply. Also, there are a few 'captive' institutions meant for the employees of specific organizations. The Municipality is marginally involved in this kind of activity and is just maintaining a few major establishments within its jurisdiction. The planners have suggested expansion of hospital facilities,

but it is not known how expansion is really to take place. In fact planning of health facilities *per se* does not seem to have attracted much attention yet.

NUTRITION

Originally the district branch of the Red Cross Society located in Ludhiana city had launched a programme of nutrition for children, as part of its general efforts to ameliorate the conditions of the urban poor. It was more or less an *ad hoc* measure and needed continuous institutional support for its survival. So the programme was handed over to Ludhiana Municipality early 1974 for which the Red Cross was generous enough to advance a loan of about Rs. 30,000 to the municipality. Both at the Central and State levels, there has been a growing concern about improving the health and living standards of the urban and rural poor. The State Government of Punjab, for a while, seemed to have realised the importance of the programme and issued grants to the local authorities to carry on the work. Ludhiana Municipality was one of the recipients of the State grant-in-aid for the nutrition programme. With the money thus received from the State, the municipality paid back the loan earlier taken from the Red Cross.

The programme was not originally conceived by the Municipality; it only took over the work from the Red Cross probably on the assumption that State grants would be forthcoming to sustain it. It seems, however, that the State Government did not have any long-term plan to continue the nutrition programme. In consequence, the Ludhiana Municipality carried on the programme as long as the grants had been trickling down *albeit* irregularly. Gradually, the State funds are being withdrawn, apparently, due to lack of any coherent State policy in this regard. Correspondingly, the municipality's enthusiasm to maintain the programme is slowly ebbing away. At the time of reporting this case, the programme appears to be on its way out as the municipality is not prepared to run it with its own funds.

Tragically enough, the nutrition programme came as a long-sought-after boon to the economically depressed families in the urban slums of Ludhiana, and they have hardly any knowledge of the circumstances leading to the gradual fading away of the programme. Never before, perhaps, a programme with a

shoestring budget had become so popular as the present one. Yet there seems to be hardly any anxiety about the gradual languishing of the programme.

As one of the social workers engaged in the programme commented, the withdrawal of the programme will virtually extinguish the flicker of hope in hundreds of children and pregnant mothers in the slum areas who were the prime beneficiaries of the programme. Still, it is worth examining the structure of the delivery system which was somewhat novel in character. Under the programme, 21 project centres were opened in different slum locations within the city. There was no formal office or distribution centre. Within the slum colonies, selected premises were identified as outposts or centres of distribution and in each premise a member of the family, usually a lady, was chosen as the distributor who was paid a very nominal sum for undertaking this responsibility. To assist the distributor there was a helper attached to each distribution centre working for a couple of hours on nominal payment. The target group for the programme consisted of children up to the age of six and pregnant women who suffered from malnutrition. Protein food in the form of biscuits, sugar coated grams and bananas was distributed at the rate of 18 paise per head. Each centre had capacity to cater to the need of about 250 children and women. So, all the centres, when in operation, together served the needs of more than 5,000 population in the Ludhiana slums. Nobody could claim that it was a costly venture; yet the programme is slowly dying out. At the moment only about 7 centres are functioning and their fate is also uncertain.

Within the urban area, there is no other public authority engaged in the nutrition programme.² As already mentioned, the state government is yet to wholeheartedly adopt the programme. There are, of course, indications in the state Five Year Plan that the State Government would be pursuing the programme throughout the state. In recent times, the Central Government has expressed great concern about tackling the problem of malnutrition on a national scale. The latest national plan document—

²In the section on 'Family Planning' we will be referring to a set of six organizations that are involved in the implementation of F.P. Programme. They supply iron and folic acid to children up to 5 years of age and to expectant and nursing mothers and tubectomy and IUD cases.

the Draft Fifth Five Year Plan—has highlighted the national concern in the following words:

“In order to counteract the possibilities of permanent impairment of physical and mental faculties on account of nutritional deficiencies, it is proposed to attack the problem of malnutrition at its very root by taking care of pregnant women and lactating mothers and pre-school children of weaker sections through an integrated programme of supplementary feeding, health care, immunisation and nutritional education. In order to achieve this ambitious objective, it is proposed to set a supply system for nutrition feeding, appropriately integrated with health and family planning plans.”³

One would hope that once these plan objectives would be actually achieved, the kind of project which Ludhiana has been having currently will not only be saved from extinction but also be expanded in a much more integrated way as envisaged in the national plan.

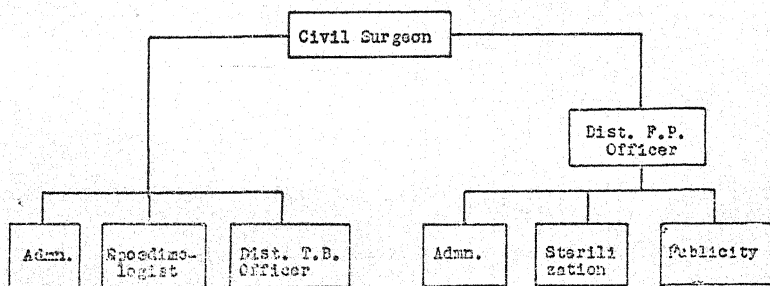
FAMILY PLANNING

The family planning programme in Ludhiana urban area needs to be looked at as a field project under the national programme being implemented *via* the State Government. In the successive five year plans, measures for population control are enumerated in details and funds provided for implementation by the States. The State Governments, in their turn, execute the programme through their own field organizations and with the help of municipal bodies. Cent per cent financial assistance is given to the latter for undertaking the programme in the urban areas. In a particular state it is the responsibility of the concerned State Government to fix targets for the entire State and to see that these are actually achieved within a definite time frame. The State Government gets the programme implemented through three agencies—its own field establishments, municipal bodies, and private medical institutions. The last two agencies are given full grants for running the local projects, and family planning targets are allocated to each of them after due consultation.

³Government of India, Planning Commission, *Draft Fifth Five Year Plan*, (1974-79), Vol. I, Delhi, 1973, p. 89.

Ludhiana urban area is directly served, so far as the programme is concerned, by all the three agencies mentioned above. Ludhiana city being the district headquarters, the Civil Surgeon who is the chief district officer in charge of medical and health services, keeps an overall watch over programme implementation within the district, embracing both urban and rural areas. The State directives and targets are passed on to the field agencies through him, and it is his responsibility as the State's agent in the field, to ensure successful completion of targets, keep track of field problems and inform the State Government about the goings-on in the district family planning programme. There is a separate and exclusive wing in his district office for undertaking the tasks relating to family planning. As shown in Chart 1 the civil surgeon's

Chart 1
DISTRICT FAMILY PLANNING SET-UP



district organization today has two distinct parts—one representing the traditional supervisory and operational responsibilities in the field of medical and health services, and another, signifying a developmental approach to family planning through the provision of certain services and direct appeal to the public. In undertaking the FP programme, the state government has to play the role of an educator to gradually influence the public mind in favour of acceptance of the programme.

Directly under the Civil Surgeon, the District Family Planning Officer functions as his principal aid to push through the programme in the district. The district programme has three facets:

- (a) services,
- (b) publicity, and
- (c) grants.

The services, namely, sterilization, IUCD, and contraceptives, are delivered through a network of organizations in the district. In the Ludhiana Urban Area, the involved bodies constitute a mixture of public, semi-public and private organizations. So far as direct public organizational involvement is concerned, the State Government runs two urban family planning clinics within the city each covering about 1,50,000 population. The structure of each clinic is such that each is a peculiar amalgam of medical advice and services and public propaganda and education. The standard strength of an organization is shown in Table 3.

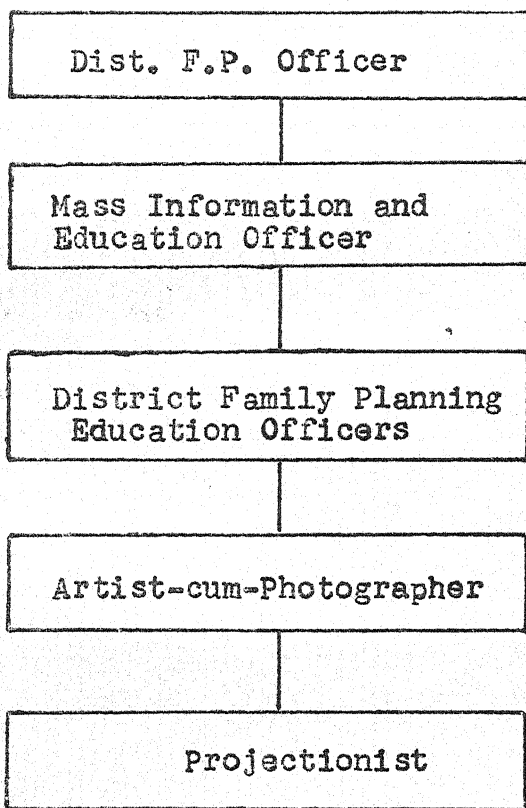
Table 3
STAFF STRENGTH OF URBAN F.P. CLINICS

<i>Category of Staff</i>	<i>Number</i>
Medical Officer	2
Extension Educator	1
Lady Health Visitor	1
Auxiliary Nurse and Midwife	1
Family Planning Field Worker	1

Apart from medical officers and para-medical staff there are others whose job is to propagate the message of family planning and make the programme popular. The educative part of the programme is more like an extension activity which has been successfully practised in India since the days of rural community development. In fact, the State Government places considerable importance to this aspect of the family planning programme, and at the district level there is a fairly elaborate organization under the District Family Planning Officer dealing with family planning publicity and mass information and education in family planning. The district set-up for this purpose is shown in Chart 2.

This is in addition to the technical wing which is engaged in the medical aspect of the programme implementation. The district organization blankets the rural and urban areas. Ludhiana city is also included within its operative jurisdiction.

Chart 2
DISTRICT FAMILY PLANNING PUBLICITY SET-UP



At the moment, the district level organization of the State Government is acting as the coordinating point, as it has been trying to ensure steady progress of the programme by using a team of institutions located within the urban area. There are six participating institutions that have been harnessed to achieve definite results within the framework of an annual plan. The constituents of the 'organization set' are shown in Table 4, and as already mentioned they are a mixture of state and private organizations.⁴

⁴ The district branch of the Red Cross Society of which the Deputy Commissioner is the Chairman does some publicity for the F.P. Programme and helps in the supply of F.P. Services.

Table 4
TYPES OF ORGANIZATIONS INVOLVED IN F.P. WORK

<i>Sl. No.</i>	<i>Name</i>	<i>Nature of Organization</i>	<i>Number</i>
1.	District Civil Hospital	State owned	1
2.	Urban F.P. Clinic	State owned	2
3.	Christian Medical College and Hospital	Private	1
4.	Kapur Maternity Hospital	Private	1
5.	Dayanand Hospital	Private	1

Of these, the urban F.P. Clinics are exclusively meant for family planning work. The other institutions have been undertaking this particular responsibility in addition to their regular activities. So far as the State institutions are concerned, it is easier to involve them in the programme. But the private agencies are not formally obliged to undertake this activity. The State Government has general statutory responsibilities to control and supervise medical and health services in the State, irrespective of the nature of organizations. This power of the State is exercised actually by the District Civil Surgeon. With some persuasion, it is, therefore, possible to involve even private organizations in a programme conceived and maintained by the State. The other method is to give modest grant-in-aid to selected institutions and seek their help in operating a particular programme. In Ludhiana urban area, the State Government has been following both these methods and apparently the private organizations have been quite willing to participate in the implementation of the F.P. Programme.

Each year the State Government sets targets for the entire State, obviously in consonance with the national directives coming from the Federal Ministry of Health and Family Planning. The total State targets are distributed all over the districts where the Civil Surgeon has to find out instrumentalities with which to successfully achieve the district targets. He has to seek the help of government and private organizations to implement the programme within his district jurisdiction. As shown in Table 4, in

Ludhiana Urban Area, a number of organizations have been roped in for the purpose.

Within the urban area, the six organizations have been allotted targets as indicated in Table 5. One peculiarity in targets setting is to clamp down uniformity across the organizations, so much so that during 1973-74 all the organizations, irrespective of their ownership types, were called upon to follow identical targets. During 1974-75, some variation was attempted by fixing targets differentially for public and private organizations. For each class of organization, of course, there is uniformity in target setting. It seems that the targets were pitched too high in 1973-74 and presumably on the basis of experience gained the figures were reduced considerably in 1974-75. There does not seem to be much correspondence between targets and achievements. The game of target setting appears to be going on without much concern for what is actually being performed. Where manoeuvrability is much more, as in the case of the Government's own district hospital, the shortfall in achievement is considerable. Surprisingly, a private organization—the Christian Medical College and Hospital—has been doing consistently well and surpassed the targets set for each particular service during 1974-75. The success of this institution has lessons for other organizations engaged in the same activities. If the F.P. Programme has to be vigorously pursued, the reasons for both success and failure need to be understood. Appropriate methods of evaluation are to be evolved to make performance appraisal of each participating organization. Targets can be meaningfully fixed and pursued only when the capacity and idiosyncrasy of each organization would be properly taken into account. For realistic performance, perhaps the present practice of uniformity in target setting may have to be replaced by a system of 'target suggestion' by each participating organization, keeping in view its own strengths and weaknesses.

As regards publicity, dissemination of information takes place through Government, private and municipal agencies. All the organizations mentioned earlier try in their own way to explain to the members of the public the meaning of the F.P. programme. The Municipal Health Organization seems to have been excluded from technical collaboration in the implementation of the programme, although the Municipality is much more involved in public dealings than any other organization. Through the two

Table 5
DISTRIBUTION OF F.P. TARGETS

Sl. No.	Institution	Achievements						Targets					
		1973-74			1974-75			1973-74			1974-75		
		SN	LP	CNT	SN	LP	CNT	SN	LP	CNT	SN	LP	CNT
1.	District Civil Hospital	108	45	723	287	171	434	500	500	6500	400	350	1200
2.	Urban Family Planning Clinic I	191	77	758	263	108	498	500	500	6500	400	350	1200
3.	Urban Family Planning Clinic II	20	7	65	92	65	101			Nil	235	150	555
4.	Kapur Maternity Hospital	217	6	422	305	27	398	500	500	6500	235	150	555
5.	Dayanand Hospital	103	29	606	73	46	378	500	500	6500	235	150	555
6.	Christian Medical College	1211	295	2255	376	451	1920			Nil	235	150	555

Abbreviations: SN = Sterilization LP = Loop CNT = Contraceptives

Municipal maternity and child welfare centres some publicity is done for the programme. One would, however, like to see a more active role of the municipal body in a programme of this kind which can succeed only by winning the confidence of the public.

As pointed out earlier, the district health organization of the State Government and the two urban F.P. clinics are more intensely involved in educating the public and dissemination of mass information on family planning. Under the auspices of the district organization, regular family planning camps are organised from time to time. With the help of slides projections, distribution of pamphlets, posters and advertisements, publicity is being done in the rural and urban areas. In collaboration with the local chambers of commerce, health melas (fares) have also been organized to educate the public on different aspects of health care including family planning. One of the functions of the district family planning education officers is to conduct short-duration training programmes for family planning workers and medical and paramedical staff, and private doctors, homoeopaths and local practitioners. The departmental staffs are told how to make public contacts and persuade the citizens by making them understand the meaning of the programme. The private medical practitioners are motivated to extend their help and cooperation to make the programme a success. From this account, it is not possible to delineate the organization for the urban area only. We have merely identified the locations of institutions within the urban area, but they do not serve the city dwellers only. Their services are also availed of by villagers in the district. Similarly the State health organization for the district functions for both the city and the rural areas.

SOCIAL WELFARE

While describing the urban situation in Ludhiana (Chapter II), we have referred to a sizable portion of the urban population—approximately about a fifth of the city population—who are living in the slum areas. To improve their living conditions is one of the major concerns of urban planning in Ludhiana. Besides, there are other specific clientele groups needing particular kinds of welfare services. For instance, there are the problems of the blind and the other handicapped who have to be given special

societal care. The children of the urban poor need to be looked after both from health and education points of view. This also holds good for men and women in need of special social care like expectant women belonging to poor families, the old and the infirm, women in need of social protection and so on.

Usually, the local municipal institution is supposed to bear the major burden of social welfare responsibilities in an urban area. But, the Ludhiana Municipality's involvement in this sphere is marginal. We have already referred to the municipal feeding programme for the poor children and mothers from slum families, which is fast dying away for lack of adequate attention.

The district branch of the Red Cross Society plays some role in the provision of social welfare services. Occasionally, the Society undertakes free distribution of stores such as blankets, pillows, towels, etc., to the poor and the indigent. The nutrition programme, as mentioned earlier, was initiated by the Society and later handed over to the Municipality. For the children of the poorer sections, the Red Cross runs two *Balbhavans* or nurseries where both health and education of the children are taken care of. The Deputy Commissioner of the District is the chairman of the district branch of the Red Cross, and the district Civil Surgeon serves as its secretary. Thus the Society has close links with the State Government, and at the same time it maintains its distinct identity. With the goodwill that it normally possesses and its contacts with the Government, it has been doing some useful work in ameliorating the conditions of the urban poor. In addition, of course, the Red Cross has a range of other functions to its credit such as medical care in emergencies.

Two other public institutions engaged in social welfare activities for specific classes deserve special mention. One of them is the State Government's Institute for the Blind which is located in Ludhiana city but meant for the entire state. Presently, it has a capacity to take care of only 48 students out of which 8 are earmarked for Ludhiana urban area. Boy students in the age group of 6-12 and girl students in the age group of 6-18 are prepared for appearing in matriculation examination and music *Prabhakar* (graduation) examination. The institution is wholly financed by the State Government and no fees are charged from the students. It is directly supervised by the State Directorate of Social Welfare.

At the moment, the institution is situated in the midst of a

small-scale industries centre. The present campus and accommodation for students are inadequate and the institution is shortly to be shifted to a healthier location with much more space and accommodation. With this change, the proposal is to raise the capacity to 75 students.

During 1974-75 the Institute was allocated a sum of Rs. 142,000 out of which it could spend only Rs. 109,100. The shortfall in expenditure has been attributed to lack of adequate accommodation which seems to have stood in the way of increasing enrolment. Also, there was some cut in expenditure under the economy measure recommended by the State Government.

The personnel engaged in the work of the Institute fall into two categories: skilled or technical, and unskilled. In the skilled category, there are four teachers, one librarian, one hostel warden and one part-time doctor. Of the teachers, two are musical instructors, one is a language teacher and one is a physical training instructor. In the unskilled category are included one male attendant for boys and one female attendant for girls, three cooks, two watchmen and other menial staff.

There are two private institutions for the blind in the city, which is indicative of demand for the services of institutions of this kind. In the absence of any reliable data about the number and financial conditions of the blind population in Ludhiana Urban Area, it is not possible to suggest the number of new institutions needed or expansion of existing organizations required for the care of the urban blind.

The other notable public institution is the Workshop for the Handicapped Persons, which functions alongside the institution for the blind within the same campus. Unlike the latter which is wholly state-owned, the former institution is grant-aided—the grant coming from the State Government. Organizationally its link with the State Government is very firm, as the Minister in charge of social welfare is its Chairman and the Director of Social Welfare is its Secretary. Local management of the institution is looked after by a sub-Implementation Committee of which the Deputy Commissioner of the district is the Chairman. The Superintendent of the Workshop functions as the Secretary of this Committee.

The Workshop is oriented toward inculcating vocational education in handloom, weaving, sewing, cane making, hosiery

and candle making. The courses vary in duration from six months to two and a half years. As against a total capacity of forty persons, the workshop could get only twenty eight last year which is indicative of rather poor response from the clientele group. One of the chief reasons suggested in this context is the exclusive training orientation of the workshop which is unattractive to prospective trainees. It is hoped that with change over to production orientation, the workshop will be able to attract more handicapped persons, who will then be able to earn something while they learn.

The persons undergoing training fall in the age group of 14-45. Out of 28 trainees last year, only about half the number could be given residential accommodation in the campus. Others had to come from the city daily which was not quite easy for the handicapped. Presently, each trainee is given a stipend of Rs. 40 per month which is a very paltry sum as admitted even by the State Estimates Committee recently. During 1974-75, the workshop spent slightly more than Rs. 62,000 which included establishment expenditure on salaries, etc., stipends to trainees and cost of raw material used in the workshop.

Although it is located in the city, the workshop attracts trainees from all over the State. An institution of this kind can be of real help in rehabilitating the handicapped. But from the account just presented, it appears that the growth of the institution has not been taking place due to a variety of reasons such as small stipend, lack of production orientation, and perhaps general inability to rehabilitate the handicapped economically.

In Ludhiana Urban Area, the delivery of social welfare services for specific clientele groups has not developed much through the intervention of public institutions. One reason could be that the joint family system which is still widely prevalent is continuing to take care of the old and the infirm and providing some of the social welfare services which might later pass on to secondary organizations. Also private charity is to some extent filling up the void in an informal and disorganised way.

EDUCATION

Supply of educational services in Ludhiana urban area takes place through a combination of public and private institutions.

Due to non-availability of ready data, it is not possible to report on the details of different educational institutions. In fact, even the planners who are currently engaged in comprehensive and integrated planning of the urban area have almost side tracked the problems of planning and organizing the supply of educational services. Unless an independent survey is conducted, reliable data and information on different kinds of education and their supplying organizations will be hard to get.

As already mentioned, the district branch of the Red Cross Society runs two nurseries for children from poorer classes where both education and feeding are taken care of. Similarly under the aegis of the Municipality, there are two *balwadis* or kindergarten-type institutions for the children of the urban poor. Each of these has one teacher and one helper. Together they look after 68 children. The funds for running these institutions come almost entirely from the State Government. To cater to the needs of the more affluent section of the urban population, quite a few nurseries and kindergartens have sprung up with much better amenities and more qualified teachers. These are privately owned and managed.

From primary stage to higher secondary, educational requirements of the student population are supplied by about 92 institutions (*see* Table 6). Of these, 68 are government-owned and

Table 6

TYPE OF EDUCATIONAL INSTITUTIONS, 1975

Stage of Education	Ownership	
	Government	Private (recognised)
Primary (I-V)	49	8
Middle (I-VIII)	11	6
High (VI-X) (or I-X)	6	7
Higher Secondary (I-XI)	2	13
Total	68	24

remaining 24 are private institutions. Educational institution can be opened and managed by private individuals, trusts and societies. But these need recognition from the State Government, and at the time of granting recognition the state officers inspect the schools to make sure that certain conditions regarding school standard are fulfilled. The State Government has laid down certain standards for different types of schools, and these are applicable to all schools irrespective of the nature of ownership. There is a cadre of inspectors who tour different areas and visit schools primarily to check the standards as laid down by Government. Table 7 gives

Table 7

STANDARDS AS LAID DOWN BY GOVERNMENT

<i>Stage of Education</i>	<i>Teacher-student ratio</i>	<i>Area per student</i>
Primary	1 : 40	7 sq. ft.
Middle	1 : 35	9.10 sq. ft.
High and Higher Secondary	1 : 25	9.10 sq. ft.

some idea about the kinds of standard the State imposes on different schools. Apart from standards regarding teacher-students ratio and area per student, for middle and high and higher secondary schools, total space standards have also been laid down as 3 acres and 5 acres respectively. School health programmes for checking the general health conditions of students has been introduced by the State Government, and the mid-day meal programme for nutritional purposes is being actively considered.

Ludhiana Urban Area is more fortunate than many other cities and towns in having a fairly elaborate institutional infrastructure for higher education. Institutions of higher education include one agricultural university, one engineering college, two medical colleges, and a number of industrial and technical institutions and about a dozen arts and science colleges.

In the integrated development programme for Ludhiana Urban Area, provision has been made for acquisition of land for new educational institutions. But the plan does not spell out the

methodology of land estimation for this purpose. It looks like an *ad hoc* provision. The earlier master plan for Ludhiana did, however, lay down standards for different kinds of educational institutions as shown in Table 8.

Table 8

STANDARDS FOR EDUCATIONAL INSTITUTIONS

<i>Nature of Institution</i>	<i>Serving Population</i>
Primary	3,500 to 4,000
High and Higher Secondary	12,000 to 15,000
Colleges	100,000 to 150,000

It is not clear how will the demand for new institutions of different types be measured and who will do this exercise. The development plan has refrained from making any suggestions about educational expansion and its modalities. Like housing, requirements of education seem to have been played down in the plan.

ENVIRONMENTAL SANITATION

Being an old city and an industrial centre, Ludhiana has special problems of environmental sanitation. We propose to discuss these in three parts relating respectively to (a) cleaning of streets, drains and latrines, (b) collection and disposal of refuse, and (c) city slums. Water supply and sewerage problems will be dealt with later separately.

The city has large stretches of open drains. Congestion in the older parts and industrial and commercial character of the city have direct bearing on the problems of sanitation. The situation is further aggravated by urban poverty. In the slum areas, living conditions are extremely bad, and to quote Ludhiana plan, 'approximately one-fifth of the city's population live in areas of sub-human environs'.

Ludhiana Municipal Committee is statutorily empowered to look after the problems of environmental sanitation of the city.

The importance of this function can be understood from the fact that on "public health and conveniences" the municipality spent during 1968-69 more than 50 per cent of its total expenditure. Income and expenditure under 'sanitation' are shown in Table 9.

Table 9

MUNICIPAL INCOME AND EXPENDITURE UNDER 'SANITATION'

	1973-74	1974-75
Income	Rs. 1.80 lacs	Rs. 2.02 lacs
Expenditure	Rs. 41.09 lacs	Rs. 48.74 lacs

The Municipality has a fairly elaborate organization to deal with sanitation problems under the leadership of the Municipal Medical Officer of Health. The personnel exclusively engaged in this branch of activity are indicated in Table 10. The staff usually called 'conservancy staff' have been hierarchically arranged. The sweeper is at the bottom of the hierarchy, while the Chief Sanitary Inspector is at the top-most level posted below the Medical Officer. Then there are the different intermediate supervisory positions. The city has been divided into three zones each headed by a Chief Sanitary Inspector. The three Chief Sanitary

Table 10

MUNICIPAL CONSERVANCY STAFF

<i>Category</i>	<i>Number</i>
Chief Sanitary Inspector	3
Sanitary Inspector	12
Compost Inspector	1
Naib Daroga	10
Sanitary Jamadar	30
Sweeper	1200 (approx.)

Inspectors report directly to the Medical Officer, who is overall in charge of medical and public health activities. Each zone has further been subdivided into four circles which are the basic building blocks of sanitation administration in the city. Each circle is placed under the charge of one Sanitary Inspector on whose competence depends largely the efficiency of municipal sanitation operation. On an average each circle has between 60 and 100 sweepers who are directly supervised by Sanitary Jamadars and Naib Darogas. In a typical circle, there will be the following staff:

Sanitary Inspector	1
Naib Daroga	1
Sanitary Jamadars	2-3
Sweepers	60-100

The city produces considerable quantity of refuse everyday; in addition, service latrines being more numerous, collection and disposal of night soil constitute a big public health problem. According to one estimate the total waste in the city comes to about 480 m.t. and the quantity is gradually increasing with the growth of population and industries.

The present system of collection and disposal of refuse has been found to be inadequate partly because of shortage of technical equipments and partly due to poor management of resources. Presently, refuse is collected and disposed of by employing *donkey men*, wheel barrows, trucks, and tractors and trollies. During 1974 the municipal transport facilities were as shown in Table 11.

Table 11

**MUNICIPAL TRANSPORT FACILITIES FOR REFUSE
COLLECTION AND DISPOSAL, 1975**

<i>Type of Vehicle</i>	<i>Number</i>
Trucks	2
Tractors	27
Trollies	47
Wheel Barrows	800

The workshop facility that is available now is thoroughly

inadequate and there is hardly any space for the workshop. Nor is the workshop properly equipped. In 1974, out of 27 tractors 10 were out of order; and of the 47 trollies as many as 17 were out of operation.

Refuse and nightsoil are collected first in 15 sub-depots scattered all over the city. From these collection booths, these are next transported to two main dumping places at the outskirts of the city. The refuse and night soil are composted in pits for three months and then sold to the farmers as farm manure. It has been estimated that the net carrying capacity as available currently comes to about 116 tons. Since the dumping sites are nearby, the vehicles make at least two trips per shift of 8 hours. The total quantity of refuse being carried now is about 464 tons. As per site verification by an expert team it has come to light that actually about 350 tons of refuse are being lifted daily, and the team felt that the city environs are presently being fouled by improper and unsatisfactory removal of refuse. According to the expert group, the conditions can be improved through stricter control over the working of municipal fleet of trucks and trollies. A third shift may also be introduced for the critical areas in the city. Additionally, some augmentation of fleet will of course be necessary.

The Municipality is actively considering setting up of composting plants for composting of city refuse for which investment appraisals are underway. In 1974 a composite proposal was put forward to purchase 4 new trucks, 5 new trollies and 10 scooter vans to augment the vehicular fleet. Also, included in the proposal were provisions for improving existing workshop facilities, construction and renovation of collection booths and purchase of 200 wheel barrows to improve the sanitation operation. The total cost for these purposes was placed at about Rs. 10 lacs. This is now being pursued and the Municipality has earmarked funds to implement the proposal. Two outside agencies that have been helpful in formulating the proposals for reform and renovation are the Divisional Public Health Engineer of the State Government and the Bio-Chemistry division of the Punjab Agricultural University. The Integrated City Development Programme, referred to earlier (Chapter II), contains detailed proposals for modernising the system of collection and disposal of city refuse and installation of mechanical composting plants.

Earlier, mention has been made of the sub-human conditions in which about a fifth of the city's slums population live. In 32 slum settlements covering about 883 acres live nearly 100,000 people. To quote the Integrated Plan: "Most of the people in these areas being poor, have constructed substandard houses and in most cases they do not have proper privies in their houses. The source of drinking water supply is either percolation wells or shallow hand pumps. In many cases the source of water supply is located close to the sullage ponds and as a result people drink contaminated and unsafe water." Under the Central Scheme for Environmental Improvement, Ludhiana was allocated during 1973-74 a sum of Rs. 39,66,660. In four critical areas, work is already in progress. Besides the Municipality, the State Government has set up a special organization to expedite the operations in the slum areas. This unit consists of one Superintending Engineer, three Executive Engineers, six sub-divisional officers, eight overseers and six draughtsmen. This is more a planning and consulting unit engaged in studies and research on problems of environmental sanitation in the urban area. In fact the relevant sections of the integrated development programme on environmental sanitation have been prepared by this specialised unit after a good deal of field survey and investigations. The cost of water supply, sewerage and storm water drainage in some of the slum areas has been included in the estimates of master schemes for these services. The environmental improvement scheme is concentrating on filling up of depressions, improvement of roads, street lighting, and provision of other community services and facilities.

SEWERAGE

Until recently the need for having a sewerage system for the urban area was not seriously considered. But, as the Integrated Programme has observed:

"Very rapid and haphazard growth of Ludhiana city has brought in its wake baffling problems of poor sanitation and filthy environment and the situation is deteriorating at a very fast rate". Only about 30 per cent of the city population is now being covered by the sewerage system. The 1971 census records existence of 6,255 water borne latrines and 48,550 service latrines. For

two important reasons there is currently a feeling of urgency to develop quickly the city's sewerage system. In the first place, the living environs of a highly industrialised and congested urban centre cannot be improved without an efficient sewerage system to carry urban waste. In the second place, the class of unskilled workers—the sweepers—who are currently engaged in cleaning the service latrines and carrying human faecal waste, would soon be unavailable to do this degrading work, as demand for labour is growing in other sectors of the urban economy. Still another reason for expediting the installation of sewerage system is to deal promptly with considerable industrial effluents that contain significant concentration of toxic elements of harmful type.

The Ludhiana Municipal Committee has been spending fairly large sums of money to gradually extend the sewerage system to the entire city. The Municipality has been relying wholly on the State Government for lending technical support for investigations, planning, designing and construction of sewer lines. As of March 1974, the Municipality has spent slightly more than Rs. 10,00,000 on the city's sewerage system. In the process, an area covering about 1.30 lacs population has now been enjoying the benefit of sewerage system. In fact, however, only about 2,000 population have opted for sewer connections. This raises the problem of public acceptance of a newly introduced way of living. Unless the city dwellers seek willingly to adopt the sewerage system, the technological break-through will not mean much in real terms for better urban environment. To quote the Integrated Programme:

“The apathy of the people regarding making use of sewerage facility has to be fought with by intensive persuasion and enforcing the bye-laws in this regard strictly and (imposing) regulations which shall be suitably improved for effective results.”

The sewerage extension project now under operation envisages gradual expansion annually so as to reach the figure of 54,002 connected premises by 1981-82. For the poorer sections of people—nearly 25 per cent of the total city population—interest free loans have been arranged to enable them to instal W.C. system in their premises.

The sewerage scheme includes a sub-project on construction of outfall sewers and permanent disposal works by 1985-86. At present, sullage water of high manurial value is almost going waste

by discharging it in Budha Nala. A proposal has been made to auction this water which is much in demand from farmers. Income and expenditure under the head 'sewerage' have been shown in Table 12.

Table 12
INCOME AND EXPENDITURE UNDER 'SEWERAGE'

	1973-74	1974-75
Income	Rs. 1540	Nil
Expenditure		
(a) Original works	Rs. 23.22 lacs	Rs. 29.88 lacs
(b) Maintenance	Rs. 90,734	Rs. 2.30 lacs

It can be seen that sewerage yields little income. Hence, the economics of the sewerage development scheme has been worked out carefully in the Integrated Programme. The total investment on the scheme is expected to be of the order of Rs. 19.12 crores. Nearly 50 per cent of the total projected cost will be realised by way of charges to the cost of development of new areas. The balance 50 per cent will be realised out of charges from the scheme now in progress in the municipal areas. There are proposals for increase in tariff per W.C., auctioning of sullage water, differential sewerage rates to be imposed on industries and commercial premises. No doubt, it is a very ambitious scheme fraught with some uncertainties about its financing. An equally important aspect is to make the citizens understand the utility of the scheme so that they would come forward to pay for it without tears and use it with precision.

WATER SUPPLY

Ludhiana Municipal Committee started its water supply scheme as early as 1902. In those days the source of water was percolation tanks. Water supply from tubewells began in 1930. Today municipal water supply of 1.02 crore gallons per day is obtained from 25 deep tubewells. During 1974-75, 8 more tubewells have been commissioned to augment supply. Currently, a total population of 1,86,000 is being covered by the water supply scheme. The facility of piped water supply does not exist in

some places where people draw their requirement either from hand pumps or open percolation wells or small dia tubewells. From the strata charts of tubewells it has been observed that water from shallow tubewells, hand pumps and percolation wells is not safe for drinking purposes. The Integrated Programme has attached considerable importance to make safe water available to the public through piped water supply.

Present supply comes to about 25-30 gallons per day per capita. Not every area gets the supply uniformly. More affluent areas get more water; while the poorer sections get less. Per capita supply is planned to be raised to 45 gallons per day which will be required for the sewerage system to be operational. Till March 1974, the Municipality has spent about Rs. 1.10 crores on augmentation of water supply. Presently new works costing nearly Rs. 40 lacs are in progress. The plan is to cover the entire population of about 5 lacs by 1978-80 under the piped water scheme. For executing the capital works in this connection, the total cost has been estimated at Rs. 361 lacs. The proposal is to go for loan funds to implement the schemes and repay loans by better management of resources.

Currently, municipal water management is far from satisfactory which is resulting in losses, and the Municipality is unable to meet the deficits. It is estimated that a total of 1,02,93,030 gallons is being pumped out daily (1974 figure). Of the total quantity of pumped out water, nearly 40 per cent cannot be sold and billed for, as water is used for watering municipal parks and lawns, free supply is given to weaker sections of the community through more than 800 standpots and there is pump slippage. The Municipality is losing heavily on water supply account as can be seen from figures presented in Table 13.

Table 13
WATER SUPPLY INCOME AND EXPENDITURE

	1973-74	1974-75
Income	Rs. 6.66 lacs	Rs. 9.70 lacs
Expenditure		
(a) original works	Rs. 24.9 lacs	Rs. 21.93 lacs
(b) Maintenance	Rs. 7.70 lacs	Rs. 9.57 lacs

The reasons for loss are not unknown. First, water supply is not fully metered. At present only about 60 per cent of water supply connections are metered. Through 40 per cent unmetered connections, amount of wastage of water is anybody's guess. A field survey revealed that about 40 per cent of meters were not functioning at all. Secondly, unauthorised connections of about 10 per cent lead to wastage and yield no revenue. Thirdly, in areas where piped water supply has been made available, nearly 25 per cent of the population have not gone for house connections. Fourthly, the existing water rates are lower than the cost of production which has been worked out as Rs. 1.48 per 1,000 gallons. Last but not least, the Municipality is not charging differential rates for industrial and commercial connections.

In the Integrated Programme, recommendations have been made for improving municipal water management. Complete metering of supply has been suggested and regular checks have been advocated to detect and stop malpractices and unauthorised connections. A well-equipped meter repair workshop has been suggested to keep the meters operational. Regarding water rate, the suggestion is to raise it to Rs. 1.50 per 1,000 gallons to recover the actual cost of production. A final recommendation is to educate the citizens properly to make them realise the importance of piped water supply from the public health point of view and to exhort them to opt for more and more house connections.

Currently, the augmentation scheme is in progress under which production has been increasing in a phased way. It is expected that the Municipality will be able to set its house in order and introduce managerial changes to administer water supply much more efficiently.

SUMMING UP

The profile of social services just presented conjures up a picture of a crazy-quilt pattern of organizations crowding the urban area. There is no 'system' of social services in the sense of their being interrelated to each other. Fragments of services are scattered here and there like isolated beads strewn all over the ground waiting to be woven into a pattern by a craftsman.

This account of a number of disparate services raises a few important issues in relation to their integrated delivery within the urban area.

First: The way different services are being administered today betrays a hang-over of old *laissez-faire* days. The legacy of non-planning era is writ large on the urban area. Systematic Public intervention in the provision of social services was feeble in olden days when any organization—public or private—would undertake a service function on immediate impulse.

Second: The urban area seems to be lacking in innate local forces that could generate ideas about social development from within the city and sustain social services with the help of local resources. The impression one gets from the existing state of affairs in the city is that the impulse for planning and the resources for development of the services are coming from outside. The Central and State Governments seem more concerned about Ludhiana planning than the local institutions in the city such as the municipality.

Third: The different kinds of social services are being supplied in insular fashion, and the inter-relations among them, in the administrative sense, do not exist in many instances. Each is like an island unto itself trying to survive and grow on its own without being conscious of its linkage with other services. For instance, health and medical services, family planning and nutrition are not being developed as a package, although, from the client's point of view, that might be a better way of arranging their delivery. In other words, the organization of social services today is not so much client-oriented as individual organization oriented.

Fourth: The management of some of the key social services such as water supply and environmental sanitation is inefficient. On the one hand, more funds are being provided to augment these services to satisfy rising demands; on the other, the existing methods of resource management remain faulty which results in losses and inefficient operation of the services. For instance, the Municipality is proposing to buy new trucks and trollies to increase its fleet for collection and disposal of refuse. At the same time, however, the trucks are badly maintained and a substantial portion of them is non-operational. The workshop facilities are also thoroughly inadequate. Water supply management is, similarly, unsatisfactory. The Municipality is putting in more and more funds for augmentation schemes; but the loss in revenues due to faulty and slack management is enormous.

Fifth: Currently, the integrated development programme has been launched almost on emergency basis to arrest the deterioration in social and other services and to channelise urban growth in planned and orderly ways. Although the term 'integrated' has been used, actually Ludhiana planning is very selective in choosing areas of expansion. For instance, 'housing' has almost been left to the care of private market. Educational planning does not feature so much in the plan. Health and medical services have also been paid lip service. Being essentially an emergency plan, the attention of planners has been focussed on selected services such as water supply, sewerage and garbage collection and disposal, slums clearance and improvement, and roads and transport development. The objective has been to identify only the critical services and functions and plan for these only. The word 'integrated city development' serves as a catchy title; actually the plan is an amalgam of selected services picked up selectively because of their importance in the immediate context.

Sixth: Popular participation in the delivery of social services is virtually non-existent. The Municipality being superseded, the municipal services are separated from the response system—the clients. In some programmes like family planning, popular education rather than participation in decision-making is being resorted to. While in some others such as water supply management and sewerage expansion, popular consciousness is desired as an ideal; no institutional mechanism exists to stimulate consciousness.

Last but not least, Ludhiana Urban area has many governments—far too many perhaps—crowding the urban area and oblivious of their interdependence in a common geographic space. Integrated development begs an integrated organization. Over the ages, organizations and services have evolved in unplanned ways on *ad hoc* and immediate considerations. Their linkages exist in some instances on *ad hoc* basis. For instance, the Municipality pays for the maintenance expenditure toward the dispensaries, but the medical officers are drawn from the State services and function under the direct control of the district civil surgeon. In some instances, as in the case of the Municipal feeding programme, lack of firm linkages has led to the languishing of a service.

Ludhiana's urban government map is highly fragmented which appears to be dysfunctional for a coordinated approach to the

development of social services. This has been acknowledged by the planners of the Integrated Programme. Redesigning the governmental organization of the urban area seems to be a precondition of integrated delivery system for a range of interdependent social services.

FIVE

Suggested Integrated Delivery System

In the preceding chapter a vivid penpicture has been drawn of the manner of supply of each specific social service. The dysfunctionalities in the existing ways of delivering the services have also been briefly mentioned. Some of these dysfunctionalities can be removed to a great extent by improving the internal management processes within particular organizations. This applies to water supply management, for instance. There are some other dysfunctionalities that are remediable through inter-organizational efforts. Family planning and health and medical services, for example, are mutually supportive services and the delivery system for them can be improved by the coming together of organizations responsible for their supply. It is in this sense that Levine and White talked of interorganizational cooperative arrangements as a 'system of exchanges'.¹

Integrated delivery system needs to be looked at as a form of organizational technology. The idea is to enhance competence in the delivery of a range of services by bringing together a number of unintegrated or separate supplying agencies. Thus conceived, integration is a method or technique to increase organizational rationality. Two concepts are useful in appreciating the need for integration: the 'interorganizational field' and 'task environment'. Integration, which is a form of cooperation, is facilitated in a situation where a number of organizations interact among themselves and weave together a network or organizational pattern. The 'social' space in which these interacting organizations exist can be called 'interorganizational field'.

The other concept of 'task environment' stands for "those

¹Sol Levine and Paul E. White, "Exchange as a Conceptual Framework for the Study of Interorganizational Relationships", *Administrative Science Quarterly*, March, 1962.

parts of the environment which are relevant or potentially relevant to goal setting and goal attainment".² To gain effective control over their task environment, organizations often enter into integrative cooperations. The aim might be to remove difficulties in procurement of resources or to successfully meet the needs of clients. Thompson refers to three strategies adopted by organizations to better performance through cooperative means; contracting, coalescing and coopting.

- (i) Contracting involves negotiated agreement for the exchange of performance in the future.
- (ii) Coalescing signifies a combination or joint venture with another organization in the environment.
- (iii) Coopting refers to the process of absorbing new elements into the leadership or policy determining structure of an organization.

In the field of local administration in India, all the three forms of cooperation can be found. For instance, in the Calcutta Metropolitan District one local authority has entered into a contract with the Municipal Corporation of Calcutta for supply of water. Joint ventures have been resorted to in some instances for common waterworks. Coopting is rather uncommon, but a very similar device is interlocking membership whereby an improvement trust will be having municipal representation on its executive body.

There have been various other suggestions for cooperative efforts among organizations to improve delivery system for social services. Titmuss suggested grouping of services performing similar functions.³ Another writer suggests reduction in the number of social workers visiting the same family and increasing communication between workers.⁴

A very useful conceptualization of decision-making structures to coordinate service systems has been made by Warren.⁵ Four

²James D. Thompson, *Organizations in Action*, McGraw Hill, 1967, p. 34.

³Richard Titmuss, "The Social Division of Welfare", in *Essays in the Welfare State*, Beacon Press, 1969, p. 78.

⁴Martin Rein, "Social Planning : Welfare Planning", in *International Encyclopaedia of the Social Sciences*, Vol. 12, McMillan Co., 1968.

⁵Roland Warren, "Interorganizational Field as a Focus for Investigation" in Merline Brinkerhoff and Phillip Kunz (eds.), *Complex Organizations and their Environments*, Iowa, 1972.

basic models suggested by him are: unitary, federative, coalitional and social choice. In a federative structure each participating organization agrees to a division of labour but retains its autonomous character. A unitary structure is more integrative and seeks coordination through formal arrangements. The participating units are much more loosely united in a coalitional situation, whereas in a social choice structure the interaction among organizations is still more loosely ordered. Basically, all these typologies of interorganizational relationships point to degrees of convergence and divergence in cooperative ventures to facilitate delivery of social services.

Integrative devices have to be evaluated from the standpoint of their usefulness in achieving results. Before suggesting any integrated system of delivery, one must clearly spell out the 'output' of the system. If the designated social services are conceived as a 'system', the systemic character would follow from interactions among the services. Empirically, there may not be interactions between specific services in an actual field situation; yet it is possible to suggest systems development for a bunch of disparate services in order to achieve intended results through contrived interactions. Hence, a definition of end results is necessary to support the logic of systems formation. The output of some social services is fairly clearly known. For instance, the output of family planning services can be measured by the number of people availing of the different family planning services such as sterilization, loop, and contraceptives. Another method of evaluating the F.P. services is to measure their impact on the rate of growth of population. Similarly, the output of the nutrition programme can be considered in terms of number of persons—children and women—being covered by the programme. Another way of looking at output is to observe improvement in health conditions of the beneficiaries. In this way, the output of each constituent social service in the 'system' of social services can be measured, and in most cases composite indices have to be formulated to make as precise a measurement as possible. Admittedly, in some cases, as in the case of education and environmental sanitation, there may be some 'intangibles' which cannot be easily accounted for in measurement.

The total output of all the sub-system should not, however, be construed as forming the output of the total system of social

services. The constituent units are all contributing together to the development of community's health and well-being which is a macro notion not amenable to easy definition. Currently, the concept of 'social reporting' has gained considerable currency. In evaluating the delivery system for a package of social services, a method of social reporting on a continuing basis needs to be evolved to take stock of a community's state of social condition at regular intervals. Social reporting has to be based on relevant data about different facets of social condition relating to physical health of population, knowledge advancement, cultural accomplishments, intergroup relations, environmental improvement through housing development and provision of civic infrastructural facilities and so on. An integrated delivery system for social services has to be evaluated against certain preset standards of social condition to be achieved through the instrumentality of the delivery system. Monitoring of goal achievement might become easier through a system of social indicators.⁶

Data base for social reporting can be developed within the framework of a comprehensive organization. Integrated delivery system also needs equally urgently an organizational niche.

INTEGRATED SYSTEM FOR LUDHIANA

With the help of these conceptual tools, an organizational technology for integrated delivery of social services in Ludhiana Urban Area can be suggested. It has been pointed out earlier⁷ that there is a virtual balkanization of social services administration because of the existence of a number of supplying agencies in the urban area. Table 1 presents the current state of social services organization including the objectives of each programme, the target group being served by each, and the types of delivery agencies and their territorial jurisdictions. It can be seen that their programmes on medical and health services, nutrition and family planning have got allied objectives. The target groups in each case differ in the sense that the medical and health programme

⁶See in this connection, Elaine Carlisle, "The Conceptual Structure of Social Indicators" in Andrew Shonfield and Steller Shaw (eds.), *Social Indicators and Social Policy*, London, 1972.

⁷See Chapters III & IV.

Table 1

SOCIAL SERVICES : OBJECTIVES, TARGET GROUPS AND SUPPLY AGENCIES

S. No.	Services	Objectives	Target Groups	Delivering Agencies			
				State	Local	Govt. Sp. Authority	
1.	Health and Medical	To improve community health	Whole community	Yes (LJ)	Yes (LJ)	—	
2.	Nutrition	-do-	Children and women of poor families	—	Yes (LJ)	—	
3.	Family Planning	To reduce birth rate, to give medical aid in this connection.	Married men and women in fertility age group	Yes (LJ)	—	—	
4.	Education	To produce educated persons	Students population at each stage of education	Yes (LJ)	—	—	
5.	Environmental sanitation	Environmental Improvement	1. Whole community	—	Yes (LJ)	—	
6.	Sewerage	-do-	2. Slum population	—	Yes (LJ)	—	
7.	Water Supply	-do-	Whole community	—	Yes (LJ)	—	
8.	Social Welfare	Well-being of specific groups	Blind and handicapped population	—	Yes (LJ)	—	
9.	Housing	To provide shelter	Whole community	Yes (SJ)	—	—	Yes(SJ)

NOTE : LJ = Local Jurisdiction

SJ = State-wide Jurisdiction

is for the whole community, while the other two have specific target groups. Yet the unity in objectives is an important consideration for their integration. Technology of all the three services in the sense of method of operation is commonly linked to health and medical services. The delivering agencies, however, are a combination of local and State Government institutions. Private institutions have been excluded from this analysis. Their organizational integration may not be feasible under the present circumstances; at least some form of informal programme collaboration can be considered. In fact, this is being pursued at the present moment. The jurisdictional problems of public agencies cannot be solved so long as the state agencies deliver the services with a view to catering to the needs of both urban and rural areas.

Another cluster of services consists of environmental sanitation, sewerage and water supply. Their objectives and target groups are identical. There is an aspect of environmental sanitation programme which is focussed exclusively on the needs of slum areas. Organizationally the programmes are already integrated, as all these are municipal programmes.

Different kinds of educational programmes—primary, middle, high and higher secondary and college and technical educations—have different age-groups to cater to, but these are not space-bound (apart from primary) like the slums programme, nor are they clientele-bound like the nutrition programme. If private institutions are left out of consideration, the supplying agencies are all state-owned.

Under social welfare, the two institutions are catering to the needs of specific target groups. Both can be treated as State institutions. The remaining service, housing, is yet to be undertaken in the urban area in full swing by public bodies.

Table 2 demonstrates the kinds of linkages that are obtaining between services at the present moment. Here again one can see certain clusterings. The three services—health, family planning and nutrition—are forming a cluster because of programmatic affinity. It also holds good for environmental sanitation, water supply and sewerage. Education has some linkage with nutrition, as some schools are also having nutrition programme. Social Welfare remains an isolated entity, and housing is yet a non-starter.

Table 2
SOCIAL SERVICES : EXISTING INTER-PROGRAMME LINKAGES

<i>Services</i>	<i>Programme Linkage</i>	<i>Personnel Linkage</i>	<i>Funds Linkage</i>	<i>Technical Linkage</i>
1. Health & Medical	1. Nutrition	State personnel in Municipal Programme	State funds for Municipal Units	—
	2. Family Planning			
2. Nutrition	1. Family Planning	—	State funds for Municipal Units	—
	2. Education			
3. Family Planning	1. Health and Medical Services	—	—	—
	2. Nutrition			
4. Education	Nutrition	—	—	—
5. Environmental Sanitation	1. Sewerage	State personnel in Municipal Programme	Central funds, State funds and Municipal funds pooled together	State technical exper- tise used for Muni- cipal works
	2. Water Supply			
6. Sewerage	1. Environmental sanitation	-do-	Pooling of state funds and Municipal funds	-do-
	2. Water Supply			
7. Water Supply	1. Environmental sanitation	-do-	-do-	-do-
	2. Sewerage			
8. Social Welfare	—	—	—	—
9. Housing	—	—	—	—

It can be seen from Table 2 that in many cases, there are inter-programme linkages through personnel sharing, funds allocation and technical collaboration. In the running of health and nutrition programmes, the State and the municipality have forged links on the basis of personnel deputization and grants-in-aid. The three programmes on environmental sanitation, sewerage and water supply are relying on state-municipal collaboration in terms of funding, personnel deputization and technical consulting.

One important conclusion that emerges from this analysis is that the social services now being delivered within Ludhiana urban area are overly dependent on the State Government, directly or indirectly. Of the nine services selected in this case study, five are directly supplied by the state agencies and one—nutrition—is funded wholly by the State. Only three—environmental sanitation, water supply and sewerage—are with the Municipality. Here also plan formulation, technical approval and actual execution of projects are all done by state departmental agencies. The Municipality raises resources either from its own funds or by contracting loans for which, again the State has to stand guarantee. Essentially, the Municipality is conceived as a maintenance agency. This kind of over-dependence on the State has its advantages as well as disadvantages. The urban area is getting some services funded by the State exchequer because of the location of State institutions in the city. But, these institutions are district-oriented rather than city-oriented. Also, the city has no claim on these institutions' ordering of priority; nor are they expected to respond to the demands of the city. One of the major problems, therefore, is to internalise these institutions for the exclusive purposes of the city so that their planning, delivery systems and output are oriented toward the internal dynamics and responses of the urban area.

The other problem is related to the weaknesses of the local municipal institution. The Municipality does not appear to be a proactive institution that could on its own identify problems and take the initiative to solve them. There is no municipal plan to progressively move forward toward a better urban environment. The plans for sanitation, sewerage and water supply were initiated and formulated by the State. Under the circumstances, the mode of delivery of the social services in municipal care can hardly be expected to change for the better. Besides the

Municipality does not have requisite technical know-how for which it has to lean on the State Government for support.

The Integrated Development Programme was thus right in suggesting that the existing local institutions are unfit for undertaking many of the major responsibilities in the sphere of planning and development. Hence the suggestion has been made to set up a strong special purpose body in the shape of a planning and development authority.⁸ The delivery system for social services cannot be divorced from the larger organizational issue. All the social services in our list are basically of two types: *environmental* and *personal*. Environmental social services are in the nature of community-wide provisions that go to create a healthy environment of living for the entire urban community. In this category fall such social services as environmental sanitation, water supply and sewerage, and housing. Large hospitals and higher education that have large catchment areas for receiving clientele can also be looked at as community-wide services. These services need to be administered from a location higher than the locality. Apart from the scale of operations, these services are interconnected process-wise also. For instance, housing as a product has to depend on the processes of water supply and sewer connections. If this proposition is accepted, the planning and development authority envisaged in the integrated programme has to be made much more broad-based by adding to its proposed functions the community-wide social services also.

The projects under the slums improvement programme are presently oriented toward the delivery of environmental social services only. It might be useful to widen the scope of the programme by including other projects such as those on nutrition, education, family planning, dispensaries and housing. Ludhiana has a sizeable slum-population living in specific concentrations where it is possible to deliver a package of services to the slum dwellers. Both from the points of view of homogeneity of clientele and spatial location, an integrated delivery system may be attempted for the urban poor living in various slum pockets. The slums problem needs to be tackled at a level higher than the locality for the simple reason that slums are scattered all over the urban area and their planning and integrated services cannot be kept

⁸See Chapter II.

at the locality level. This point has also been conceded in the Integrated Development Programme.

So far as the urban area is concerned, it has got distinct localities or *mohallas* each having a degree of sociological homogeneity. These sociological units need to be carefully identified and the sense of belonging to a particular locality has to be harnessed to the cause of local area services delivery system. All the personal social services such as nutrition, family planning, dispensaries, local sanitary services linked to households etc. can be better managed with the help of local consumers' participation. This would apply to some other local services as well, like primary education, local garbage collection, local parks and recreation etc. Partly on grounds of locational and clientele convenience and partly on the basis of linked processes, a package of social services can be delivered in an integrated fashion at the level of the localities.

A tentative suggestion is being offered that the existing public health zones, with some modifications, can be considered as local nodal points for integrated delivery of a package of personal social services. For the purposes of sanitation administration, at present the city is divided into three zones each having a fairly elaborate sanitation staff distributed among the constituent circles. The city population of about 4.50 lakhs can be distributed fairly equally among the three zones. Instead of the present mono-functional zone, we are suggesting a multi-functional zone as a lower level spatial unit from where a package of social services can be delivered to the citizens.

To sum up, the organizational pattern being suggested for integrated delivery of social services is a virtual two-tier structure (see Table 3). It comes close to the 'federative' concept of Warren. The upper tier will be concerned with the delivery of environmental social services having community-wide repercussions. The lower tier consisting of three zonal units will take care of personal social services impacting on the locality level. For the slums population, a spacial integrated delivery unit has to be mounted at the level of the higher tier. Ideally, the two tiers should be integral components of a single organization. Another alternative is to retain the Municipality with three zonal sub-units as a lower tier body and create a new upper-tier body in charge of large capital projects and community-wide services. The

Table 3

SUGGESTED DISTRIBUTION OF SERVICES BETWEEN TWO TIERS

	<i>Services</i>	<i>Tiers</i>	
		<i>Upper</i>	<i>Lower</i>
I.	<i>Medical & Health Services</i>		
	(i) Large Hospitals	Yes	—
	(ii) Dispensaries	—	Yes
II.	<i>Nutrition</i>	—	Yes
III.	<i>Family Planning</i>		
	(i) Publicity Planning & Media	Yes	—
	(ii) Clinics & local publicity	—	Yes
IV.	<i>Education</i>		
	(i) Preprimary, primary and high schools	—	Yes
	(ii) Higher education	Yes	—
V.	<i>Environmental Sanitation</i>		
	(i) Slums improvement	Yes	—
	(ii) Garbage disposal	Yes	—
	(iii) Garbage collection	—	Yes
	(iv) Cleaning of streets/drains	—	Yes
VI.	<i>Sewerage</i>		
	(i) Trunk	Yes	—
	(ii) Local sewers	—	Yes
VII.	<i>Water Supply</i>		
	(i) Water Works	Yes	—
	(ii) Local distribution including meter reading and tariff	—	Yes
VIII.	<i>Social Welfare</i>		
	(i) Institution for the blind	Yes	—
	(ii) Workshop for the handicapped	Yes	—
IX.	<i>Housing</i>	Yes	—

acceptance or rejection of representativeness of institutions will depend on the degree of reliance placed on certain political values.

The suggested organizational technology for integrated delivery system entails an overhaul of the existing layout of organizations in the Ludhiana urban area. The existence of the municipal body, a number of special purpose bodies, district administration and State administration—to mention a few institutions—has to be reconsidered in the light of the proposal to usher in a new two-tier structure. There are obvious political questions involved in the shaping of new institutions. How to link these up with the basis of social power in the urban area remains a vital issue. To enlist the support of private organizations which are numerous in the urban area, a 'coalitional' approach has to be adopted. The present practice in medical and health services can be extended to other fields also such as education.

Managerial technologies for improving delivery system can be usefully employed only after the organizational design question has been settled.

SIX

Epilogue

Social services have as their end-objective human resource development, and the development of any country is basically dependent on the quality of its human resource. There is universal concern today to improve the 'quality of life'. Planned development of social services, in this context, assumes considerable importance. Planning of social services at the local community level and their methodical implementation, monitoring and evaluation have not received due attention from planners who have mostly been concerned with economic planning. In the absence of organized and planned efforts to augment and manage social services, measures have been taken from time to time on *ad hoc* basis to attack local problems in a piecemeal fashion. On the one hand, scarcity of resources has stood in the way of substantial expansion of social services; on the other, even when meagre resources have trickled down to local level, such resources have not been properly managed. Local organizations which are the major suppliers of social services have been structurally weak and they have been generally lacking in planning expertise and managerial talent. In larger urban complexes, institutional pluralism has proved to be an impediment to integrated planning and development of social services. Linkages between services have not been established in many instances, and efforts of diverse agencies working in virtually the same field have not been harmonised to get the most out of limited resources. Acknowledging the fact that large scale diversion of funds to social services is not feasible in view of other more pressing plan priorities, local community efforts have got to be organised and strengthened in the interest of creating a better and healthier community living. Possibility of dissipation of energy and resources is high in a situation where local organizations tend to work at cross purposes and do not communicate among themselves. What is

needed in these circumstances is a common platform for inter-organizational interactions, and communication and information sharing. While it is necessary to strengthen local organizations for social services, it is equally necessary to establish a common forum for combining the efforts of disparate local organizations, for introducing planning discipline and watching the implementation of local programmes and projects so that these yield desired results.

Distributional equity assumes major importance in any scheme of development of social services. It is not enough to augment the quantum of services. Who is getting how much and where : is an equally important consideration. Equity in the distributional sense depends on *access* to social services. Hence, in the planning of social services, the spatial distribution aspect has to be carefully thought of. Clientele accessibility to the delivery centres should form part of planned approach to local social services.

To reiterate, the present study has basically drawn attention to the need for optimization, against the backdrop of known limitation of resources. In a situation marked by scarcity of resources, planning and organizing of efforts become much more imperative. The research locale is Ludhiana in the present case, but the issues raised here go beyond Ludhiana and relate to any big urban area where local community efforts are to be mobilised and integrated to improve the quality of urban life.

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